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| -  SPARTANBURG COMMUNITY COLLEGE  HEALTH AND HUMAN SERVICES DIVISION  REQUIRED DOCUMENTATION OF TESTS/IMMUNIZATIONS  **(2013-2014)** | | | | |
| Spartanburg Community CollegeP. O. Box 4386Spartanburg, S.C. 29305-4386 **(864) 592-4865** or **(864) 592-4638** PART I – TO BE COMPLETED BY STUDENT *Please* *print legibly* | | | | |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Info: Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Student ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| PART II – DOCUMENTATION FROM THE HEALTH CARE PROVIDER*Attach copy of result/titer from Health Care Provider/Employer with the date the procedure(s) were completed.* **DOCUMENT RESULTS: *Area below to be completed by SCC Faculty NOT by student or health care provider.*** | | | | |
| **IMMUNIZATIONS** | **INFORMATION** | | **Dates of Immunization** | |
| MMR | **If born in 1957 or later, give 2 doses MMR, 4 weeks apart** | | **1st** | **2nd** |
| **If born before 1957, give 1 dose MMR or documentation of Rubella titer required** | |  | |
| **Varicella Titer (IgG immunity verification)** | **Note: Documentation of Varicella IgG immunity verification is required since having chicken pox does not guarantee immunity** | |  | |
| **Varicella Vaccine** | **Give 2 doses of varicella vaccine, 4 weeks apart, if Varicella IgG immune titer is negative** | | **1st** | **2nd** |
| **Tetanus (Td) Booster**  **Tdap (tetanus,**  **diphtheria, pertussis)** | **1 Td dose every 10 years.**  **One time dose of Tdap (or documentation of previous Tdap) required if under 65 years AND have not had a Td booster within the last 2 years per CDC recommendations** | |  | |
| **PPD (Tuberculin skin test): The student must have either a one-step or a 2-step PPD. If the current PPD is positive, a follow-up evaluation by a primary care provider must be done to rule out any active disease and documentation of appropriate prophylactic therapy must be submitted. If a *previous* PPD was positive, submit an assessment certification. (See #1 on reverse side of this page).** | | | | |
| **TWO-STEP PPD** | | **A two-step PPD is required unless there is a documented negative PPD within the past 12 months.** | **1st** | **2nd** |
| **ONE STEP PPD** | | **Attach a copy of PPD results completed within past 12 months and give a one-step PPD.** |  | |

**SPARTANBURG COMMUNITY COLLEGE HEALTH AND HUMAN SERVICES STUDENTS**

**REQUIRED DOCUMENTATION OF TESTS/IMMUNIZATIONS**

1. If a student is unable to provide the necessary documentation for tests and immunizations, it will take a **minimum** of 4 weeks to

complete all the tests and immunizations. The student must start getting tests and immunizations early, so that the deadline set

for his/her program can be met.

2. **Requirements for a previous positive PPD: Assessment certification:** Call the County Health Department (TB office) for an

appointment to assess whether or not the student is symptom-free. The TB office will inform the student of documentation that

needs to be taken to the Health Department at the time the appointment is made.

3.Clinical rotation sites will not allow a student to participate in any type of clinical experience without completed documentation of

immunizations and test results from an appropriate health care professional.

4. **Hepatitis B Recombinant DNA** **immunization** is NOT required but **STRONGLY RECOMMENDED.** It is given in a 3-dose

series: dose #1 now, dose #2 in 1 month, dose #3 approximately 5 months after dose #2.

5. The County Health Department can provide testing, and some immunizations. *They do not draw titers*. Fees will be charged for

services. Payment is expected at the time service is rendered. *Call for an appointment*.

6. A. student may go to his/her own physician or may go to any of the suggested facilities below:

Accurate Diagnostics Cherokee County Health Department CVS Minute Clinic

2500 Winchester Place 400 South Logan Street 1888 Boiling Springs Rd

Spartanburg, S. C. Gaffney, S. C. Boiling Springs, S. C.

(864) 538-0300 (864) 487-2705 (864) 599-0920

CVS Minute Clinic Regional Occupational Health Spartanburg County Health Department

5895 Reidville Rd 8311 Warren Abernathy Hwy 115 East Wood Street

Moore, S. C. Spartanburg, S. C. Spartanburg, S.C.

(864) 486-6990 (864) 562-5102 (864) 596-2227, then press 1

Union County Health Department

115 Thomas Street

Union, S. C.

(864) 429-1695

7. **Failure to submit required documentation by the due date may result in dismissal from the program**.

**TO THE BEST OF MY KNOWLEDGE THIS DOCUMENTATION IS TRUE AND CORRECT.**

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## Student Signature Date

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**Printed Student Name**