

Please use the following as a guide to completing the student health statement. Immunizations are required by our clinical/practicum medical partners for students to participate in clinical/practicum rotations.

Students are required to submit an **official copy of their immunization records or proof of receiving a vaccine** from their medical provider and/or clinic/pharmacy administering the immunization. Titer (the concentration of an antibody in the body) testing is accepted for some immunizations, please see details for each required immunization below. Titers can be obtained from a student's medical home and/or Physician's Labs, Inc.

**NOTE:** Documentation **must include** clinic/pharmacy location, date/time, immunization name/dose, student name, date of birth, administering healthcare professionals name. Documents that appear falsified, illegible, or missing immunizations or information will not be accepted.

**Submit Immunization Records:** email to [healthsciences@southeast.edu](mailto:healthsciences@southeast.edu) or deliver/mail to SCC Health Sciences Room 230 Lincoln Campus: 8800 O Street, Lincoln, NE 68520.

## Required Immunizations

**Hepatitis B** - 3 doses required, 1<sup>st</sup> dose, 2<sup>nd</sup> dose 28 days later, 3<sup>rd</sup> dose 5 months after 2<sup>nd</sup>. If the series is in progress, subsequent doses must be indicated and submitted as received.

Submit proof of 3 vaccination dates or a titer showing an adequate antibody response.

**Influenza** - (The influenza vaccine is seasonal and may not be required for admission – please check the program website for admission requirements) 1 dose required each year during influenza season months.

Submit proof of vaccination date. **Antibody titers are not accepted.**

**MMR (Measles/Rubeola, Mumps, Rubella)** – 2 doses required, 28 days between doses

Submit proof of 2 vaccination dates for each disease or a titer for each showing adequate antibody response.

**SARS-CoV-2 (Covid-19)** - number of doses required and time between is dependent on manufacturer

Johnson & Johnson – 1 dose

Moderna – 2 doses required, 1<sup>st</sup> dose, 2<sup>nd</sup> dose 28 days later

Pfizer – 2 doses required, 1<sup>st</sup> dose, 2<sup>nd</sup> dose 21 days later

Submit proof of 1 or 2 vaccination dates, depending on manufacturer. **Antibody titers are not accepted.**

**TB (Tuberculosis)** - must be current (within 12 months of the first day of the program)

Student can choose to do two skin tests at least 1 week apart or to have IGRA (blood test) performed. IGRA testing is recommended for students who have received the BCG vaccine. If positive test results, documentation of physician plan of treatment and/or release for clinical education/practicum is required.

Submit date administered, date read, and findings of 1<sup>st</sup> and 2<sup>nd</sup> skin test or date and findings of IGRA test.

**Antibody titers are not accepted.**

**Tdap (Tetanus, Diphtheria, and Pertussis)** – must be within last 10 years

Submit proof of vaccination date. **Antibody titers are not accepted.**

**Varicella-Zoster (Chicken Pox)** – 2 doses required, 28 days between doses, or positive titer

Submit proof of two vaccination dates or a titer showing an adequate antibody response.

**Date of disease is not acceptable.**