

Acknowledgment of Standard Clinical Vaccination / Immunization Requirements

I understand that I am applying to a Wallace State Community College Health Division degree program that requires clinical or fieldwork classes that are conducted at off-campus clinical facilities managed by a contractual agreement. As non-employee guests in the contracted facility, I understand that admitted students are required to demonstrate compliance with a variety of safety measures, including but not limited to standard vaccination requirements. At a minimum, all clinical contracts include each of the following items:

- **Hepatitis B** – requires the series of three (3) shots
- **MMR** - Measles (Rubeola), Mumps, Rubella – requires two (2) shots
- **Varicella** (Chickenpox) - requires two (2) shots; history of the disease is not sufficient
- **Tetanus** (TDAP) - must be current within 10 years and have documentation of one TDAP as an adult.
- **Flu** vaccine – requires one (1) shot, received during September or October annually.
- **Two Step Tuberculin Skin Test** – Mantoux. Annual One Step thereafter. (Negative chest x-ray, negative T-Spot, negative IGRA or negative QuantiFERON Gold Blood test may be accepted in lieu of Mantoux.)

I understand that the above listed vaccinations/immunizations are required, and current contracts do not permit medical or religious exemptions for these standard safety measures. Additional contract or facility specific requirements, including but not limited to the COVID-19 vaccine, may also be required based on individual facility contract requirements.

By signing this agreement, I acknowledge that I will be required to provide documentation of the vaccinations listed above. Further, I acknowledge that I am willing and able to provide that documentation and I assume full responsibility for any associated costs involved in obtaining or providing this information. I also acknowledge that my refusal to be vaccinated or to provide the supporting documentation will result in a situation where appropriate clinical placement is not available, eliminating the possibility of successfully completing/graduating from the program to which I am applying.

Signature of Student

Date

Printed Name of Student

Signature of Parent/Guardian (if student under 18)

Date

Print Name of Parent/Guardian (if student under 18)