

**CLINICAL AGENCY Requirements for Students & Faculty (may have to break out School requirements separately) ver7**

<b>Requirement</b>	<b>HPH NO CHANGE</b>	<b>QMC NO CHANGE</b>	<b>Castle</b>	<b>Kaiser</b>	<b>Tripler</b>
TB 2 step (req by DOH) initial proof Annually 1 step thereafter proof	X	X	X	X	X
Chest XRay frequency requirement	CXR after positive PPD	X within 12 months if + TBTS	Required after positive PPD & if positive symptoms identified on the TB monitoring form	Xray after positive TB	CXR after positive PPD
Test Pos; recommend TB monitoring form annually	X	X	X	X	X*
Rubella vaccine only	X or		X or	Pos. titer or 1 of these vaccines: Rubella, MMR, MR	
Rubella positive titer only	X	X	X		X
Rubeola – 2 MMRS	X or		X or	Pos. titer or 2 of these vaccines: MMR, MR	
Rubeola positive titer	X	X	X		X
Mumps – 2 MMRS					
Mumps positive titer		X	X		X
Varicella – 1 varivax vaccines	History of disease, positive titer or 2 chickenpox vaccines or		<b>Proof of history of disease, vaccination or</b>	History of disease, positive titer or 2 chickenpox vaccines.	
Varicella positive titer	X	X	X		X
Hepatitis B positive surface antibody	X or	X	X Or	Highly recommended- not required	X or
Hepatitis 3 vaccines	X		X		X
Tetanus TDAP every 10 yrs (school requiring this)	Highly recommended – not required	Highly recommended – not required	X	Highly recommended- not required	X*
Flu Vaccine	Highly Recommended – not required	Highly Recommended	<b>REQUIRED</b>		<b>REQUIRED</b>
CPR (Health Care Provider)	X (AHA)		X (American Heart)	X	X (AHA)
CPR 2 yr renewal	X	X	X	X	x

Additional Notes: X\* - TAMC CXR not required annually if no signs or symptoms of TB, TD or TDAP highly recommended, not required. Hepatitis B, series of three injections or positive titer accepted.