

CASTLEBRANCH RUBRIC

	Description	Data to Enter on Form
Measles, Mumps & Rubella (MMR)	One of the following is required: 2 vaccinations OR positive antibody titer for all 3 components. If series is in process, submit 1st vaccine and a new alert will be created for you to complete series. If the titer is negative or equivocal, new alerts will be created for you to receive 1 booster shot and provide a 2nd titer.	Administered Date, Enter Results
Varicella (Chicken Pox)	One of the following is required: 1 vaccination OR positive antibody titer. If the titer is negative or equivocal, new alerts will be created for you to receive 1 booster shot and provide a 2nd titer.	Administered Date, Enter Results
Hepatitis B	<u>ONE OF THE FOLLOWING IS REQUIRED: 3 VACCINATIONS AND A POSITIVE ANTIBODY TITER OR POSITIVE ANTIBODY TITER.</u> If series is in process, submit where you are in the series and new alerts will be created for you to complete the series and titer. If the titer is negative or equivocal, new alerts will be created for you to receive 1 booster shot and provide a 2nd titer.	Administered Date, Enter Results
TB Skin Test	<p>One of the following is required:</p> <ul style="list-style-type: none"> • 2 step TB Skin test (1-3 weeks apart) OR QuantiFERON-TB Gold / Interferon Gamma Release Assay (IGRA) blood test • OR provide a provide proof of clear chest x-ray within the past 5 years and an annual TB questionnaire thereafter. • Note to reviewers: Set the renewal for 1 year based on the upload date if the chest x-ray is over 12 months old. <p>The renewal date will be set for 1 year. Upon renewal, one of the following is required:</p> <ul style="list-style-type: none"> • 2 step TB Skin test (1-3 weeks apart) OR QuantiFERON-TB Gold / Interferon Gamma Release Assay (IGRA) blood test • OR If PREVIOUS positive results, a TB questionnaire is required." 	Administered Date, Enter Results
Tetanus, Diphtheria & Pertussis (Tdap)	Submit documentation of a Tdap booster within the past 10 years. The renewal date will be set for 10 years from the administered date of the booster.	Administered Date, Renewal Date
CPR Certification	<p>Must be the AMERICAN HEART ASSOCIATION HEALTHCARE PROVIDER COURSE OR AMERICAN RED CROSS HEALTHCARE PROVIDER COURSE. Copy must be front & back and card must be signed.</p> <p>Certificates issued in accordance with AHA curriculum are acceptable. Certificates or letters from provider are accepted temporarily until card arrives with a renewal date of 30 days.</p> <p>The renewal date will be set based on the expiration on the card.</p>	

Physical Examination	Provide your physical exam form completed and signed by a medical professional. MUST be on the school form. School form is available to download from this requirement.	Administered Date
Influenza	Submit documentation of a flu shot administered during the current flu season. The renewal date will be set for 1 year from the administered date of the vaccine.	Administered Date, Type, Lot, Expiration Date
Health Insurance	Provide a copy of your current health insurance card or proof of coverage AND completed Health Insurance Release form. If name on the card does not match student's, verification of coverage from provider is required. Both sides of the card are required. The health insurance form is available to download from this requirement.	
Polio	Submit documentation of the completed primary series OR documentation of one dose of the adult polio vaccine. For the primary series, there must be a record of at least 3 vaccinations. Titers are acceptable in lieu of vaccinations.	Administered Date, Enter Results
COVID	Submit documentation of two COVID-19 vaccinations (Moderna or Pfizer) or the single-dose Johnson & Johnson. Vaccines must be from one of these manufacturers: Johnson & Johnson, Moderna, & Pfizer If you are receiving two vaccines and your series is in process, submit your first vaccination, and a new alert will be created for you to provide your second vaccination. Documentation must include the vaccine manufacturer and lot number.	Administered Date, Enter Results
COVID Booster	Submit documentation of your COVID-19 booster vaccination. Documentation must include the vaccine manufacturer.	Administered Date, Enter Results
OPTIONAL Labcorp only	Students need to complete the [Labcorp] FACILITY Compliance and Environment, Health and Safety (EHS training provided by the FACILITY before their arrival at a worksite. Training and the Certificate Form must be accessed at <ul style="list-style-type: none"> ○ http://labcorp.learn.com ○ login ID#: lcstudent ○ password: student1 <ul style="list-style-type: none"> • The college will perform an exclusion check on each student (see affiliation agreement excerpt below) 	