



## Clinical Requirements

*\*students must provide the following health documents to the office on assigned due dates before starting the course\**

Vaccinations		
Vaccines	To-Do Action	Comments
<b>Influenza (seasonal flu)</b>	Submit proof of flu vaccination from your healthcare provider, pharmacy, or clinic which states that you have received a flu vaccine during the current flu season.	Renewal date will be set to begin October 1 <sup>st</sup> of each year and end May 31st of the following year.
<b>Varicella (chicken pox):</b> Series of two vaccines usually given to children 12 months through 6 years of age.	Submit one of the following: <ul style="list-style-type: none"> <li>● 2 Vaccines <u>OR</u></li> <li>● <u>Positive</u> antibody titer lab report <u>for all 3 components</u></li> </ul> <p>If any titer is <u>negative</u> or <u>equivocal</u>, you will have to receive one booster shot and a follow up titer after 3 months.</p>	If a series is in progress, submit where you are and follow up when the series is completed.
<b>Measles, Mumps, and Rubella (MMR):</b> Series of two vaccines usually given to children 12 months through 6 years of age.	Submit one of the following: <ul style="list-style-type: none"> <li>● 3 Vaccines <u>OR</u></li> <li>● <u>Positive</u> antibody titer lab report <u>for all 3 components</u></li> </ul> <p>If any titer is <u>negative</u> or <u>equivocal</u>, you will have to receive one booster shot and a follow up titer after 3 months.</p>	If a series is in progress, submit where you are and follow up when the series is completed.
<b>Hepatitis B (Hep B or HBV,</b> series of three vaccines, usually given over a period of six months)	Submit one of the following: <ul style="list-style-type: none"> <li>● 3 Vaccines <u>OR</u></li> <li>● <u>Positive</u> antibody titer lab report</li> </ul> <p>If any titer is <u>negative</u> or <u>equivocal</u>, you will have to receive one booster shot and a follow up titer after 3 months.</p>	If a series is in progress, submit where you are and follow up when the series is completed.
<b>Tuberculosis (TB):</b> QuantiFERON – TB TEST or Skin PPD	Submit one of the following: <ul style="list-style-type: none"> <li>● Negative blood test lab report administered within the past 12 months, OR</li> <li>● If Blood test result is positive or equivocal, you will have to submit a clear chest x-ray lab report administered within the past 12 months, along with your positive result.</li> <li>● SKIN (PPD): proof of a negative TB readings</li> </ul>	Renewal date will be set for 1 year for negative blood test and 4 years for chest x-ray.
<b>Tetanus, Diphtheria, and Pertussis (Tdap):</b> It is routinely given at age 11 or 12)	Submit a Tdap vaccine administered within the past 10 years or as needed.	Renewal date will be set 10 years from the administered date.



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<b>COVID-19 Vaccine</b>	Submit proof of COVID-19 Vaccine	This vaccine is required.
<b>Physical Examination</b>	Submit Documents of your completed physical examination. The exam must be completed and signed by a medical professional and be dated within the past 6 months.	Physicals must be completed within one year and cannot expire during program.