

Vaccinations Required for Admittance to the Dental Hygiene Program

TB Test: TB X-ray or Skin Test taken **after January 1 of application year**, then yearly, after January 1, while in the program.

Hep B Shots - Three injection series after 19 years of age: (Initial vaccination, 2nd & 3rd vaccines occur one month and six months after initial vaccination respectively) or Titer.

Varicella: by doctor (date of disease), **by parent** (written statement of dates of disease), or Varicella Titer

Measles, Mumps, Rubella: 2 vaccines (2 immunizations at least 28 days apart), or Lab evidence of immunity to all 3 diseases if not taken as an infant

Tdap: Within the last 10 years Date of immunization: _____

Influenza (optional)

Meningitis (exempt over 22 years of age)

NOTE: The TB test, Dental Exam, and Physical Exam are required to be completed after January 1 of the application year. If the TB test, Dental Exam, or Physical Exam are completed prior to January 1, the applicant will be required to repeat the TB test, Dental Exam, Physical Exam after January 1.