

Completed	Item	Requirements	Special Instructions
Immunizations/ Lab Tests <i>All mandatory requirements must remain current for the entire semester. Students are not permitted to renew any mandatory requirements after the semester begins.</i>			
●	MMR	Documented proof of: IgG quantitative serum titer results, a numerical value indicating actual immunity to a disease(s) See chart below	IgM is not accepted
●	Varicella		
●	Hep B AB		
●	Tuberculin (Tb) Skin Test or T-Spot or Quantiferon Gold or Chest X-Ray for positive Tb test results (must be within 6 months)	Completed annually Must include: Date/ time administered Injection site Result Date/ time read Signature of healthcare provider reading site	Suggestion: utilize LSU <i>Annual Tb Skin Test</i> form for documentation. (New Student Page > Packet B, Form #4) OR Assure all components included in document submitted. An Annual PPD Symptoms form must be submitted each subsequent year after positive results. (New Student Page > Packet B, Form #5)
●	Tetanus, Diphtheria, Pertussis (Tdap/Td)	10 years	
●	Influenza (Flu) Vaccination	Annual Requirement Must use designated LSU form with current YEAR if submitting waiver/declination (New Student Page > Packet B, Form #8, Influenza (Flu) Declination Waiver Form	Only form that will be accepted is the current year form. No amendments to a prior year form will be accepted.
●	Meningococcal vaccine	1 st and 2 nd vaccination	if before age 16 or one (1) vaccination after age 21
Health Information/ Examination			
●	Physical Examination	Required once; unless requested by clinical facility	Suggestion: utilize LSU Physical Examination form for documentation (New Student Page > Packet B, Form #3) OR Student must complete first page of LSU Health Form, including MEDICAL TREATMENT CONSENT (New Student Page > Packet B, Form #3) and attach physical examination for submission. All forms must be submitted together to meet compliance.
●	Personal Health Insurance	Submit annually	Copy of front and back of card
●	Louisiana Registered Nurse (RN) License	Submit annually or every two years for Registered Nurses only	Screenshot of LSBN Renewal of License

	Health Cover Letter	Student to sign letter sent by Student Health Services on healthcare requirements	Letter must be signed by student at the top of the letter. (New Student Page > Packet B, Form #1)
Professional Documents			
	BLS (ACLS & PALS, if applicable)	Submitted every two (2) years	Only American Heart Association (AHA) for Healthcare Providers courses are accepted. Signed copy of front and back of card or eCard
	Professional Liability Insurance	Submit annually Submit copy of Certificate of Insurance Policy Form	Cover letter or receipt of insurance coverage are not accepted
Other Mandatory Requirements			
Go to CastleBranch.com; use the <i>Place Order</i> tab to order Background Check and Immunization Tracker using LS12 or LS12crna for anesthesia students only. Use the <i>Place Order</i> to order the Urine Drug Test using LS12dt			
	Background Check	Required once; unless requested by clinical facility	
	Urine Drug Screen	Required one time; unless requested by facility	
	Needlestick/ Splatter Coverage	Required to purchase	This fee will appear on the Tuition and Fee bill. Financial Aid, TOPS, etc. does not cover the Needlestick/Splatter premium fee. Needlestick/Splatter insurance cards will be mailed to students after tuition and fees are paid. Students are NOT required to upload a copy of the needlestick card to their CastleBranch profile.
	Compliance Training	Must be current/ up to date	The Compliance Department will email the links to the training sessions through the LSUHSC email account.

- ___ (+) Measles titer; (-) Measles titer requires two (2) vaccinations, at least 28 days apart
- ___ (+) Mumps titer; (-) Mumps titer requires two (2) vaccinations, at least 28 days apart
- ___ (+) Rubella titer; (-) Rubella titer requires two (2) vaccinations, at least 28 days apart
- ___ (+) Varicella titer; (-) Varicella titer requires two (2) vaccinations, at 4 – 8 weeks apart
- ___ (+) Hepatitis titer; (-) Hepatitis titer requires *2-dose series*: HepB vaccinations, at least 4 weeks apart; *3-dose series*: three (3) vaccinations at 0, 1, and 6 months
- ___ **Repeat IgG quantitative serum titer result 2 – 4 months after completing vaccination/booster series for MMR, Varicella, and Hep B**