

Mandatory Requirement Checklist

Completed	Item	Requirements	Special Instructions
Immunizations/ Lab Tests			
●	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 OR Assure all components included in document submitted. An Annual PPD Symptoms form must be submitted each subsequent year after positive results. MUST BE CURRENT FOR ENTIRE SEMESTER
●	Tetanus, Diphtheria, Pertussis (Tdap/Td)	10 years	
●	Influenza (Flu) Vaccination	Annual Requirement Must use designated LSU form with current YEAR if submitting waiver/declination	Only form that will be accepted is the current year form. No amendments to a prior year form will be accepted. MUST BE CURRENT FOR ENTIRE SEMESTER
●	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 OR Student must complete first page of LSU Health Form, including

			MEDICAL TREATMENT CONSENT and attach physical examination for submission. All forms must be submitted together to meet compliance.
	Personal Health Insurance	Submit annually or every two years; depending on company/coverage	Copy of front and back of card
	Louisiana Registered Nurse (RN) License	Submit annually or every two years	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 and dated by student at the bottom of the letter
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 will not be 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	
	Compliance Training	Must be current/ up to date	

- ___ (+) 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 three (3) vaccinations at 0, 1, and 6 months
- ___ **Repeat IgG quantitative serum titer result after completing vaccination/booster series for MMR, Varicella, and Hep B**