OHSU School of Nursing

Student Immunization and Certifications
Your Ticket To Register
What you need to know about compliance and immunization requirements

All OHSU students are required to provide documentation regarding the completion of their immunization, background check, drug screen, required trainings and related compliance records prior to each term.

The School of Nursing uses a vendor called American DataBank to help students track, access and maintain their immunization and compliance records throughout their academic program. This web-based database allows students to access their immunization and compliance records from a computer and gives students the ability to update and download their compliance “passport” at their convenience. This system also automatically notifies students when immunization or compliance records are expiring so that students can update their records as needed.

This brochure contains details about how to complete the immunization and certification requirements which must be completed prior to registering for classes each term. Please review these materials closely and complete the required items today.

Ticket to registration

New students must submit all required items prior to enrolling. Students will not be allowed to register for courses until all compliance and immunization requirements are met. Students who are not registered for classes by the start of the term will be declined admission and will lose their seat in the cohort. Students are required to maintain their compliance and immunizations throughout their program. Any student that is identified as non-compliant after the following deadlines will have a registration hold placed on their account for the following term:

- Fall term deadline for required items: October, 31
- Winter term deadline for required items: January, 31
- Spring term deadline for required items: March, 31
- Summer term deadline for required items: July, 31

If you are missing required items please provide your materials before the dates listed above so that you do not have a registration hold placed on your account.

Clinical agency requirements

Students placed at clinical agencies are required to provide their immunization and compliance materials prior to being placed in that setting. You may be required to complete your immunization and compliance requirements sooner than the above deadlines in order to attend clinical courses. Your program faculty and staff may halt your attendance in clinical coursework at any time if your immunization and clinical requirements have not been met.
1. **Create your American DataBank account**
   Go to: [www.ohsunursingcheck.com](http://www.ohsunursingcheck.com) and place your order for the Immunization Tracking System, background check and 10-Panel Drug Screen services. Once you have placed your order, American DataBank will set up your immunization tracking account and mail you the required paperwork for your background check and drug screen. American DataBank will provide you with your user name and password via email. Please allow one to two business days to receive your user ID and password.

2. **Gather your immunization records**
   Review the immunization requirements at the following link: [www.ohsu.edu/xd/education/student-services/joseph-trainer-health-wellness-center/services/preventive-care/immunizations.cfm](http://www.ohsu.edu/xd/education/student-services/joseph-trainer-health-wellness-center/services/preventive-care/immunizations.cfm) and gather your records. See your doctor to receive appropriate immunization updates and documentation. Upload your immunization documents directly to ADB via [www.ohsunursingcheck.com](http://www.ohsunursingcheck.com).

3. **Submit materials**
   When you receive your drug screen and background check documents follow all the instructions found in the packet and respond accordingly. Please complete and submit materials immediately upon receipt. *Note: background checks can take up to three months so start this process immediately.*

4. **Complete required trainings**
   Download and print all other required trainings and documents from the OHSU website: [www.ohsu.edu/son/immunizations](http://www.ohsu.edu/son/immunizations) then submit completed documentation to American Databank at [www.ohsunursingcheck.com](http://www.ohsunursingcheck.com).

### Important Links and Resources

**Utilize these additional resources for more information:**

**American DataBank:**
- **Account Log In:** [www.immunizationtracking.com/studentpages/studentlogin.aspx](http://www.immunizationtracking.com/studentpages/studentlogin.aspx)
- **Technical Support:** supportITS@americandatabank.com or 303 573-1130 or [www.ohsunursingcheck.com](http://www.ohsunursingcheck.com)/

**OHSU Certifications in Big Brain:**
- [https://bigbrain.ohsu.edu/](https://bigbrain.ohsu.edu/)

**OHSU Student Health Services:**
- 503 494-8665 or askshs@ohsu.edu

**OHSU School of Nursing Office of Admissions:**
- 503 494-7725 or proginfo@ohsu.edu

**OHSU Required Compliance and Immunization Listing:**
- [www.ohsu.edu/son/immunizations](http://www.ohsu.edu/son/immunizations)

### Maintaining Your Compliance Status

**Load your documents and track your compliance**
- Log into the system at [www.immunizationtracking.com/studentpages/studentlogin.aspx](http://www.immunizationtracking.com/studentpages/studentlogin.aspx) with your e-mail and password.
- Provide all supporting documentation (certificates of completion, copies of trainings and certifications, forms, medical records, etc) to American DataBank. You may upload the documents directly to your ITS account through [www.ohsunursingcheck.com](http://www.ohsunursingcheck.com).

**View your clinical “passport”**
- You can print your clinical passport at any time to show that you have met the requirements to be in that setting and are eligible to attend class. When you are logged into your account just click on the PDF logo in the top right hand corner of your record to open this item. Your passport also provides a quick way to see what items may be expiring soon or what may need to be updated right away.

**Don’t wait to update**
- Many required items need to be renewed on an annual basis. It is important that students follow up with any notifications that they receive from American DataBank regarding any items that are expiring or have not yet been completed.
- Students receiving notifications concerning missing items from American DataBank or non-compliance from OHSU administrators must follow up immediately or risk being pulled from clinical coursework or having a registration hold placed on their account.
## Vaccination Requirements

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Td series and booster</strong> (Tetanus/Diphtheria – Tdap)</td>
<td>Childhood series with date of completion and date of booster in last 10 years. Was booster a Tdap? Tdap required if ≥ 2 years since last Td booster</td>
</tr>
<tr>
<td><strong>Polio series</strong></td>
<td>Childhood series with date of completion; adult booster date if received</td>
</tr>
<tr>
<td><strong>Measles (Rubeola)</strong></td>
<td>Dates of two (measles or MMR) vaccines or positive titer; must submit copy of titer result</td>
</tr>
<tr>
<td><strong>Mumps</strong></td>
<td>Dates of two (mumps or MMR) vaccines or positive titer; must submit copy of titer result</td>
</tr>
<tr>
<td><strong>Rubella</strong></td>
<td>Date of one (rubella or MMR) vaccine or positive titer; must submit copy of titer result</td>
</tr>
<tr>
<td><strong>Hepatitis B</strong></td>
<td>Evidence and dates of series of three Hepatitis B vaccines and positive Hepatitis B surface antibody titer if series is complete; must submit copy of titer result, or evidence of prior infection</td>
</tr>
<tr>
<td><strong>Varicella</strong></td>
<td>Evidence and dates of two Varicella vaccines; positive titer (must submit copy of result).</td>
</tr>
<tr>
<td><strong>TB skin testing</strong> (TST or PPD)</td>
<td>• If you have had annual testing submit your annual TST records showing two tests no greater than (often called PPD) 12 months apart with the most recent done within 12 months of matriculation.</td>
</tr>
<tr>
<td></td>
<td>• If you have not had annual TST’s complete two-step TB testing: two TB tests 1-3 weeks apart with the second test completed within 12 months of matriculation.</td>
</tr>
<tr>
<td></td>
<td>• If you have had a positive test submit a chest x-ray report and INH history. If you have had BCG vaccine, obtain Quantiferon TB Gold blood test and submit result. If positive, consider taking INH Preventive Therapy. You will need annual TB clearance while at OHSU.</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td>List names and dates of other vaccines received.</td>
</tr>
</tbody>
</table>

**Note:** This information is subject to change each year. Please go to Student Health Services web page to review the most up to date immunization requirements [www.ohsu.edu/xd/education/student-services/joseph-trainer-health-wellness-center/student-requirements/index.cfm](http://www.ohsu.edu/xd/education/student-services/joseph-trainer-health-wellness-center/student-requirements/index.cfm).

Clinical settings may have additional background check, drug screen and immunization requirements other than what are identified here. Students will receive information regarding additional requirements if needed.

**Infectious diseases:** Students who are infected with Hepatitis B (HBV), Hepatitis C (HCV) or Human Immunodeficiency Virus (HIV) must be aware of the Society for Healthcare Epidemiology of America (SHEA) and Centers for Disease Control (CDC) guidelines and stipulations around safe practice. Students in this category must contact the Student Health Service for a private consultation around the ability to progress successfully through the clinical aspect of the program. This consultation is confidential and the Student Health staff will make recommendations for precautionary procedures that ensure your ability to provide safe healthcare delivery.
**Required Immunizations** (dates must include mm/dd/yyyy if available)

**Tetanus/Diphtheria**
- **Required:** Primary series of three. Date completed: ________________
- Also required: Booster within the last 10 years. Date: ________________ If booster after 2004, was it a Tdap (tetanus-diphtheria-pertussis) vaccination? (please find out) □ Yes □ No

**Polio**
- **Required:** Primary series of four. Date of completion: ________________
- Date of adult booster (or booster five) if received: ____________________

**Measles (Rubeola)**
- **Required:** One of the following:
  1) Immunity confirmed by blood titer. Date of titer: ________________ Attach copy of lab report.
  2) Two vaccinations with live attenuated virus vaccine and/or MMR
     - Date measles #1: ________________ or MMR1: __________________
     - Date measles #2: ________________ or MMR2: __________________ (If first date is unknown, date of second vaccine after 1989: ________)

**Mumps**
- **Required:** One of the following:
  1. Two live mumps virus vaccinations (either MMR or mumps vaccine). Attach copy of lab report.
     - Type and date of #1: ________________ Type and date of #2: ________________
  2. Blood test (mumps antibody titer) showing immunity.
     - Date: ________________ Result: ________________

**Rubella**
- **Required:** One of the following:
  1) Immunity confirmed by blood titer. Date: ________________ Attach copy of lab report.
  2) Immunization with live attenuated rubella virus vaccine or MMR. Type and date: ________________

**Hepatitis B**
- **Required:** Item 1 OR item 2; AND item 3
  1. Three primary series shots (at 0, 1, 6 mo). Date 1: ________________ Date 2: ________________ Date 3: ________________
  2. Had the disease. Date: ________________
  3. Immunity confirmed by HbsAB blood titer (Hep B Surface Antibody result positive or greater than 10.). Date: ________________ Attach copy of lab report.

  Have you had these Hepatitis B titers? (Will be needed if unable to achieve item 3 above.)
  - HepBsAG: Date: ________________ Result: ________________ Infectious if positive (you are a carrier)
  - HepBCaB: Date: ________________ Result: ________________ Means you have a history of disease if positive

**Varicella**
- **Required:** One of the following:
  - Documentation showing verification of immunity to Varicella:
    1. Document signed by health care provider stating the date you had chickenpox disease.
    2. Documentation of two doses of Varicella vaccine: Date 1: ________________ Date 2: ________________
    3. Laboratory evidence of immunity (Varicella antibody titer)
       - Date: ________________ Result: ________________, Attach copy of lab report.

**Tuberculin Status**
- **Note:** You will also need annual TB test (TST) clearance while at OHSU
  - List dates for two-step TST, two tests, both negative, at least a week but not more than a year apart, the second must be done less than 12 months before entry to OHSU.
    1) Skin Test #1: Date: ________________ Result: □ Neg □ Pos mm if known: ________________
    2) Skin Test #2: Date: ________________ Result: □ Neg □ Pos mm if known: ________________
  - If you have a positive TST, submit a chest x-ray report and INH history. If you had BCG, please obtain a Quantiferon TB Gold test and submit the result.

**Other**
- Informational, not required at this time for entrance to OHSU (list vaccines and dates)
# Immunization and Certification Requirements by Program

<table>
<thead>
<tr>
<th>Compliance item check list</th>
<th>Bachelor of Science with a major in Nursing (All programs, all campuses)</th>
<th>Family Nurse Practitioner, Midwifery, Psychiatric Mental Health Nurse Practitioner, Nurse Anesthesia (MN, DNP, PMCO)</th>
<th>Health Systems &amp; Organizational Leadership (MN, DNP, PMCO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create an American Databank account (ADB)</td>
<td>required</td>
<td>required</td>
<td>required</td>
</tr>
<tr>
<td>Order background check series: SSN trace, statewide/county criminal searches, nationwide sex offender, nationwide criminal, OIG and GSA</td>
<td>required</td>
<td>required</td>
<td>required</td>
</tr>
<tr>
<td>Order a 10 panel drug screen</td>
<td>required</td>
<td>required</td>
<td>required</td>
</tr>
<tr>
<td>Provide CPR card*</td>
<td>required</td>
<td>required</td>
<td>required</td>
</tr>
<tr>
<td>Immune Status Form and documents (Tetanus/Diphtheria, Polio, Measles, Mumps, Rubella, Hepatitis B, Varicella, TB)</td>
<td>required</td>
<td>required</td>
<td>required</td>
</tr>
<tr>
<td>Review, sign and submit the Background Disclosure, Code of Conduct, Technical Standards, and Release of Information documents</td>
<td>required</td>
<td>required</td>
<td>required</td>
</tr>
<tr>
<td>Provide official transcripts from all institutions attended**</td>
<td>required</td>
<td>required</td>
<td>required</td>
</tr>
<tr>
<td>Provide a copy of nursing license***</td>
<td>RNBS students only</td>
<td>required</td>
<td>required (except for Infection Prevention Control Module)</td>
</tr>
<tr>
<td>Complete training modules in Big Brain (HIPAA, Respect, Integrity Booster, Infection Prevention Control)</td>
<td>required</td>
<td>required</td>
<td>required (except for Infection Prevention Control Module)</td>
</tr>
<tr>
<td>Student max</td>
<td>may be required (details provided by program)</td>
<td>not required</td>
<td>not required</td>
</tr>
<tr>
<td>Flu shot</td>
<td>required each fall</td>
<td>required each fall</td>
<td>as needed</td>
</tr>
<tr>
<td>Student medical insurance</td>
<td>required except for RNBS (waiver as appropriate)</td>
<td>required (waiver as appropriate)</td>
<td>required (waiver as appropriate)</td>
</tr>
<tr>
<td>Review, sign and submit the Disability Accommodation and Change of Address documents</td>
<td>optional as needed</td>
<td>optional as needed</td>
<td>optional as needed</td>
</tr>
</tbody>
</table>

*Portland campus students must maintain American Heart Association Healthcare Provider CPR status.

**PMCO transcripts for graduate coursework only required.
<table>
<thead>
<tr>
<th>Nursing Education (MN, PMCO)</th>
<th>PMCO Gero</th>
<th>Master of Public Health and Graduate Certificate of Public Health</th>
<th>PhD in Nursing</th>
<th>Post Master's DNP</th>
</tr>
</thead>
<tbody>
<tr>
<td>required</td>
<td>required</td>
<td>required</td>
<td>required</td>
<td>required</td>
</tr>
<tr>
<td>required</td>
<td>required</td>
<td>required</td>
<td>required</td>
<td>required</td>
</tr>
<tr>
<td>required</td>
<td>required</td>
<td>not required</td>
<td>not required</td>
<td>required</td>
</tr>
<tr>
<td>required</td>
<td>required</td>
<td>not required</td>
<td>not required</td>
<td>required</td>
</tr>
<tr>
<td>required</td>
<td>required</td>
<td>not required</td>
<td>required</td>
<td>required</td>
</tr>
<tr>
<td>required</td>
<td>required</td>
<td>required (except for Technical Standards Agreement)</td>
<td>required</td>
<td>required</td>
</tr>
<tr>
<td>required</td>
<td>required</td>
<td>required</td>
<td>required</td>
<td>required</td>
</tr>
<tr>
<td>required</td>
<td>required</td>
<td>not required</td>
<td>required</td>
<td>required</td>
</tr>
<tr>
<td>required</td>
<td>required</td>
<td>required</td>
<td>required</td>
<td>required</td>
</tr>
<tr>
<td>required</td>
<td>required</td>
<td>required (except for Infection Prevention Control Module)</td>
<td>required</td>
<td>required</td>
</tr>
<tr>
<td>not required</td>
<td>not required</td>
<td>not required</td>
<td>not required</td>
<td>not required</td>
</tr>
<tr>
<td>as needed</td>
<td>not required</td>
<td>not required</td>
<td>not required</td>
<td>as needed</td>
</tr>
<tr>
<td>required (waiver as appropriate)</td>
<td>not required</td>
<td>not required</td>
<td>required</td>
<td>required</td>
</tr>
<tr>
<td>optional as needed</td>
<td>optional as needed</td>
<td>optional as needed</td>
<td>optional as needed</td>
<td>optional as needed</td>
</tr>
</tbody>
</table>

***Oregon nursing license required. Students enrolled in a distance education program and not engaged in the practice of nursing as defined by Oregon statues (ORS 678.010(7) must maintain nursing license in state of residence unless deemed necessary by the academic program director.***
OHSU includes the School of Dentistry, School of Medicine, and School of Nursing; OHSU Hospital; Doernbecher Children’s Hospital; numerous primary care and specialty clinics, multiple research institutes; and several outreach and community service units.

Equal Opportunity: OHSU provides equal opportunities to all individuals without regard to race, color, religion, national origin, disability, age, marital status, sex, sexual orientation, gender identity or expression, military service or any other status protected by law. It does not discriminate on any status protected by law. This policy applies to all employment, education, volunteer and patient care related activities or in any other aspect of OHSU’s operation. Such compliance efforts are coordinated by the OHSU Affirmative Action and Equal Opportunity (AAEO) Department. OHSU complies with Title IX of the Education Amendments Act of 1972 and 34 CFR Part 106 by prohibiting discrimination on the basis of sex or gender in education programs, activities, employment and admissions. Inquiries about Title IX compliance or sex/gender discrimination may be directed to: Michael Tom, AAEO Director, 503-494-5148, tomm@ohsu.edu, mail code: MP240, 3181 S.W. Sam Jackson Park Road, Portland, OR 97239. AAEO email: aaeo@ohsu.edu, www.ohsu.edu/aaeo. Title IX inquiries may also be directed to the U.S. Department of Education Office for Civil Rights, 1-800-421-3481.

2/14 (5)