



UNIVERSITY OF
TEXAS
ARLINGTON

COLLEGE OF NURSING
AND HEALTH INNOVATION

IMMUNIZATION REQUIREMENTS

Where do I find information on the requirements?

<https://www.uta.edu/academics/schools-colleges/conhi/academics/undergrad-programs/imm-prelic>

Go to <https://www.uta.edu/academics/schools-colleges/conhi/academics>; Academic Program; Bachelor of Science in Nursing; Under Upper-Division Program Admissions Process click on “Pre-Licensure Nursing Immunization Requirements”

Immunization Requirements

What do I have to
submit?

What is a titer?

- ▶ A titer is a blood test that measures your immunity to a disease. Get quantitative, IgG (NOT IgM) titers. Upload lab report.
- ▶ For more information visit website.

Test Name	Result	Flag	Reference Range
HEPATITIS B SURFACE ANTIBODY (QUANT)			
HEPATITIS B SURFACE ANTIBODY (QUANT)	9		mIU/mL
Patient has immunity to hepatitis B virus.			
This test was performed using the Siemens chemiluminescent method effective November 21, 2013. Quantitative values from the previous Ortho Vitros method should not be used interchangeably.			
RUBELLA IMMUNE STATUS			
RUBELLA ANTIBODY (IGG)	3.89		
	Value	Interpretation	
	-----	-----	
	< or = 0.90	Negative	
	0.91-1.09	Equivocal	
	> or = 1.10	Positive	
The presence of rubella IgG antibody suggests immunization or past or current infection with rubella virus.			
VARICELLA ZOSTER VIRUS ANTIBODY (IGG)			
VARICELLA ZOSTER VIRUS ANTIBODY	1.50		index
Index	Explanation of Results		

Not acceptable titer documentation

Immunization Exemptions

Vaccine	Exemption	Expiration Date
HEP B	Medical Immune	Indefinite
HEP A	Medical Immune	Indefinite
VARICELLA	Medical Immune	Indefinite

LAST ITEM
DO NOT MAKE ENTRIES BELOW THIS BLOCK

Hepatitis B

Documentation of Series
3 Vaccinations



1 month after
first

4-5 months after
second

Titer showing Immunity

AND

drawn no less than 28 days after
most recent dose!!

Test Name	Result	Flag
HEPATITIS B SURFACE ANTIBODY (QUANT)		
HEPATITIS B SURFACE ANTIBODY (QUANT)9		
Patient has immunity to hepatitis B virus.		
This test was performed using the Siemens chemiluminescent method effective November 21, 2013. Quantitative values from the previous Ortho Vitros method should not be used interchangeably.		

Hepatitis B continued

Documentation of Heplisav-B Series
2 Vaccinations



1 month after
first dose

AND

Titer showing Immunity
no less than 28 days after most
recent dose!!

Test Name	Result	Flag
HEPATITIS B SURFACE ANTIBODY (QUANT)		
HEPATITIS B SURFACE ANTIBODY (QUANT)	9	
Patient has immunity to hepatitis B virus.		
This test was performed using the Siemens chemiluminescent method effective November 21, 2013. Quantitative values from the previous Ortho Vitros method should not be used interchangeably.		

Hepatitis B continued 2

- ▶ A negative antibody titer will be accepted for Hepatitis B if the following conditions are met.
 - ▶ Student has received 2 full series of Hepatitis B vaccine
AND
 - ▶ Titer is drawn no less than 28 days after the last dose received.

Hepatitis A

Titer showing Immunity

no less than 28 days after
most recent dose!!

Negative Antibody lab report
and Documentation of Series

2 Vaccinations



OR

6 months after
first dose



Twinrix (Hepatitis A & B)

Documentation of Series
3 Vaccinations



1 month after
first



4-5 months after
second



AND

Titer showing Immunity
no less than 28 days after most
recent dose!!

Test Name	Result	Flag
HEPATITIS B SURFACE ANTIBODY (QUANT)		
HEPATITIS B SURFACE ANTIBODY (QUANT)%9		
Patient has immunity to hepatitis B virus.		
This test was performed using the Siemens chemiluminescent method effective November 21, 2013. Quantitative values from the previous Ortho Vitros method should not be used interchangeably.		

“Accelerated” Hep B or Twinrix

- ▶ The accelerated Hep B or Twinrix is a four (4) dose series which take 12 months to complete.
 - ▶ Dose 2 = 7 days after dose 1, Dose 3 = 21-30 days after dose 1, Dose 4 = 12 months after dose 1
- ▶ This will not be accepted by UTA CON UNLESS you have all 4 doses.

MMR (Measles, Mumps, Rubella)

Titer showing Immunity

RUBELLA IMMUNE STATUS	
RUBELLA ANTIBODY (IGG)	3.89
Value	Interpretation
< or = 0.90	Negative
0.91-1.09	Equivocal
> or = 1.10	Positive
Positive results suggest recent or previous infection	

MEASLES ANTIBODY (IGG)	
MEASLES ANTIBODY (IGG)	1.99
Index	Explanation of Test Results
< or = 0.90	Negative - No Rubella (Measles) IgG Antibody detected
0.91 - 1.09	Equivocal
> or = 1.10	Positive - Rubella (Measles) IgG Antibody detected

MUMPS VIRUS ANTIBODY (IGG)	
MUMPS VIRUS ANTIBODY (IGG)	2.55
Index	Interpretation
< or = 0.90	Negative
0.91-1.09	Equivocal
> or = 1.10	Positive

OR

Negative Antibody lab report
and Documentation of Series



#2 no less than 28
days after first dose

Varicella (Chickenpox)

Titer showing Immunity

VARICELLA ZOSTER VIRUS ANTIBODY (IGG)

VARICELLA ZOSTER VIRUS ANTIBODY 1.50

Index	Explanation of Results
< or = 0.90	Negative - No VZV IgG Antibody detected
0.91 - 1.09	Equivocal
> or = 1.10	Positive - VZV IgG Antibody detected

A positive result indicates that the patient has antibody to VZV but does not differentiate between infection (active or past) and vaccination. The clinical diagnosis must be interpreted in conjunction with the clinical signs and symptoms of the patient. This assay reliably measures immunity due to previous infection but may not always be sensitive enough to detect antibodies induced by vaccination. Thus, a negative result in a vaccinated individual does not necessarily indicate susceptibility to VZV infection.

OR

Negative Antibody lab report
and Documentation of Series

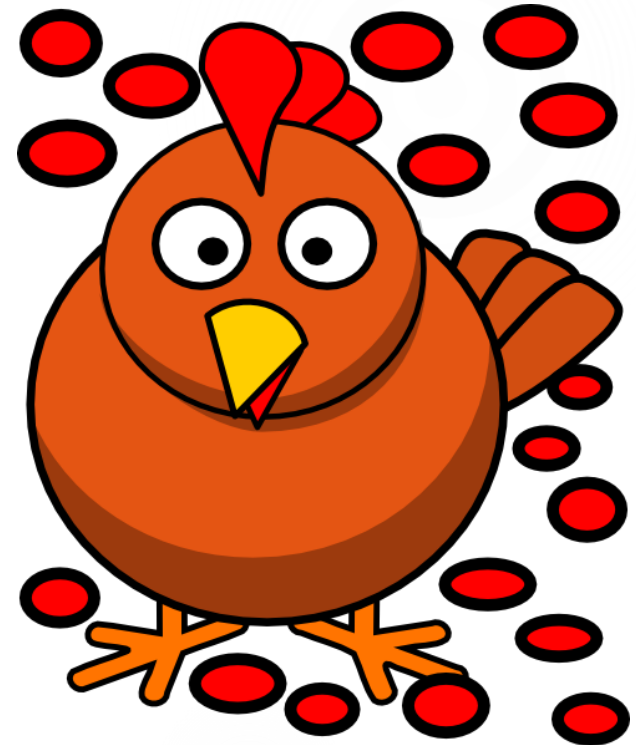


#2 no less than 28
days after first dose

Varicella (Chickenpox) 2

NOT

History of Chickenpox
Disease



Tdap (not DPT, Dtap or Td)

1 Vaccination



If Tdap is 10+ years old:

Updated Tdap is required



Tuberculosis Screening (TB)

You should NOT complete TB testing until you are accepted to the Upper Division program!

Upon acceptance you will receive a deadline to receive and upload test results!

Tuberculosis Screening (TB) 2

Initial Screening

2 Skin Tests (PPDs)
Within year

****Minimum of 7 days
between tests**



OR

Blood Test
(Quantiferon or T-Spot)



OR

Chest X-Ray Results
(with positive test only)



dreamstime.com

Influenza (Flu)

1 Vaccination annually



Only during flu season:
September - March

Documentation

- This is acceptable documentation
IF it includes the student's name!

OTHER IMMUNIZATIONS/PROPHYLAXIS RECEIVED
Autres vaccinations/prophylaxies reçues

This space is provided to record immunizations/prophylaxis that are not required for entrance into any country but have been obtained by the traveler for additional health protection (immune globulin, malaria, measles, etc.)

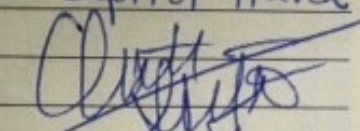
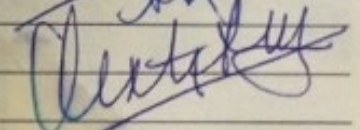
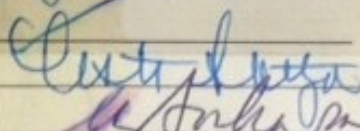
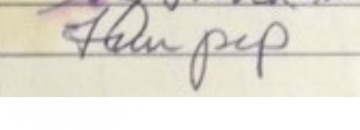

Date	Vaccine/prophylactic drug vaccin/médicament prophylactique	Dose	Physician's signature Signature du médecin
APR 25 2006	HEPATITIS A	1.0ml.	HEALTHY TRAVELER CLINIC BRIAN Q. TERRY M.D.
APR 25 2006	HEPATITIS B	1.0mL	HEALTHY TRAVELER CLINIC BRIAN Q. TERRY M.D.
APR 25 2006	TETANUS/DIPHTHERIA	0.5 mL	HEALTHY TRAVELER CLINIC BRIAN Q. TERRY M.D.
APR 25 2006	TYPHOID	ORAL	HEALTHY TRAVELER CLINIC BRIAN Q. TERRY M.D.
APR 25 2006	POLIO	0.5 mL	HEALTHY TRAVELER CLINIC BRIAN Q. TERRY M.D.
MAY 17 2006	RABAVERT	1.0ml	HEALTHY TRAVELER CLINIC BRIAN Q. TERRY M.D.
MAY 18 2006	RABAVERT	1.0ml	HEALTHY TRAVELER CLINIC BRIAN Q. TERRY M.D.
JUN 28 2006	RABIES (IMOVAX)	1.0 ML	HEALTHY TRAVELER CLINIC BRIAN Q. TERRY M.D.
JUN 28 2006	HEPATITIS B	1.0 mL	BRIAN TERRY MD

Good Documentation

IF it includes the student's name!

OTHER IMMUNIZATIONS/PROPHYLAXIS RECEIVED
Autres vaccinations/prophylaxies reçues JB.

This space is provided to record immunizations/prophylaxis that are not required for entrance into any country but have been obtained by the traveler for additional health protection (immune globulin, malaria, measles, etc).
Inscrivez dans cet espace les vaccinations ou prophylaxies non obligatoires pour l'admission dans un pays, mais qui ont été effectuées pour une protection accrue (immunoglobulines, paludisme, rougeole...).

Date	Vaccine/prophylactic drug Vaccin/médicament prophylactique	Dose	Physician's signature Signature du médecin
11.3.05	Hepatitis A #1	1.0 ml	Given by
11.3.05	Polio (IPV)	0.5 ml	Capitol Travel
10.12.12	Hepatitis A #2	1.0 ml	
10.12.12	Hepatitis B #1	1.0 ml	
10.12.12	Typhoid VI	0.5 ml	
10.19.12	Hepatitis B #2	1.0 ml	
10.19.12	Meningo (Meningitis)	0.5 ml	
10.19.12	Tdap	0.5 ml	
11.9.12	Hepatitis B #3	1.0 ml	
Oct 14.13	Hep B #4	1 ml	
Oct 13	Influenza	0.5 ml	Fam pep

Not accepted Documentation

IMMUNIZATION HISTORY				
	I	II	III	IV
	Date	Date	Date	Date
POLIO (all ages)	Oral Type: 6-15-65	9/23/65		
	Injection: 8/10/65			
DPT SERIES & BOOSTER (infancy and preschool)	4-6-65	5-11-65	6-15-65	
DT—every 3 years (school & adult ages)				
SMALLPOX—every 3-5 years (all ages)				
MEASLES (infancy & preschool)	Type:			
OTHERS				
TUBERCULIN SKIN TEST (all ages)	Type:			
	Results:			

The jet age brings communicable disease closer to every community. Smallpox, polio, diphtheria (D), whooping cough (P), tetanus (T), and measles can be prevented by periodic immunization.

Documentation 2

- ▶ We cannot accept records from a school district.
- ▶ Prescription forms are not accepted. Vaccines can be received at a pharmacy, but documentation must include administration information.
- ▶ The records must be original records of vaccine and must be signed or stamped by a physician.
- ▶ Documentation can be on clinic or doctor's letterhead.
- ▶ County Health Department records that include the date of vaccine, but not the lot number or administration information are accepted.

Deadline

All required immunizations and titers are expected to be complete at time of acceptance to the Upper Division program. This is March for Fall admissions and September for spring admissions.

You will not be allowed to start the Upper Division program until all requirements are met. Acceptance to the UD program is contingent upon your immunization clearance being complete.

- ❑ You may use any facility to get your vaccines and titers.
 - ❑ UTA Student Health Center
 - ❑ County Health Department
 - ❑ Doctor's Office
 - ❑ Pharmacy

Questions?

► Email us at:

BSNImmunizations@uta.edu

You may send us a copy of your immunization records for review.