
















NON-HEALTHCARE & NON-CLINICAL
HEALTHCARE PROGRAMS

Immunization	Required	Recommended
<p>1. Annual Influenza Vaccination</p> <ul style="list-style-type: none"> • One dose on or after 7/1/2024 • Recommend uploading to the Patient Portal as soon as received. <p>This year's influenza vaccination must be completed after July 1, 2024. Vaccines before 7/1/2024 are not acceptable. Students have until mid-Fall 2024 to become compliant with this year's flu vaccine.</p>		
<p>2. Hepatitis B</p> <p>Energix-B (3 dose series required) Dose #1 - anytime Dose #2- at least 1 month after dose #1 Dose #3- at least 6 months after dose #1</p> <p style="text-align: center;">OR</p> <p>Twinrix (3 dose series required) Dose #1 - on or after 18th birthday Dose #2 - at least 1 month after dose #1 Dose #3 - 140 days after dose #2</p> <p style="text-align: center;">OR</p> <p>Heplisav-B (2 dose series required) Dose #1 - on or after 18th birthday Dose #2 - at least 28 days after dose #1</p>	 Antibody titer is accepted	
<p>3. MMR ("Measles-Mumps-Rubella")</p> <p>Dose #1 - on or after 1st birthday Dose #2 - at least 28 days after dose #1</p>	 Antibody titer is accepted	
<p>4. Meningococcal ("Menveo," "Menactra")*</p> <p><i>* Must protect from A-C-W-Y strains, not B</i> One dose of Meningococcal is required for students 21 years old and younger only. Dose #1 must be on or after 16th birthday.</p>		
<p>5. Tetanus/Diphtheria/Pertussis ("Tdap")*</p> <p><i>* Tetanus-only booster is NOT acceptable; must include Pertussis</i> One dose of Tdap within the last ten years</p>		



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<p>6. Varicella ("Chickenpox")*</p> <p>Dose #1 – on or after 1st birthday Dose #2 – at least 28 days after dose #1 <i>*If born in the United States before 1980, you may waive (see <u>Immunization History Form</u>)</i></p>	<p style="text-align: center;"> Antibody titer is accepted</p>	
<p>7. Gardasil (Human Papilloma Virus, "HPV")</p> <p>3 doses over 6 months</p>		<p style="text-align: center;"></p>
<p>8. Hepatitis A*</p> <p>Havrix (2 dose series) Dose #1 – Any age Dose #2 – 6 months after dose #1 <i>* Recommended for travel</i></p>		<p style="text-align: center;"></p>
<p>9. Twinrix (Hep A and Hep B) (3 dose series)*</p> <p>See "Hepatitis B Energix-B/Twinrix" schedule <i>* Recommended for travel</i></p>		<p style="text-align: center;"></p>
<p>10. Polio *</p> <p>Booster dose of injectable polio vaccine after initial series <i>* Recommended for travel</i></p>		<p style="text-align: center;"></p>
<p>11. Tuberculosis Baseline Testing ("TB Test")</p> <ul style="list-style-type: none"> • Skin Test (PPD, Mantoux) • IGRA Blood test result 		<p style="text-align: center;"></p>
<p>12. Typhoid*</p> <p>Repeat series every:</p> <ul style="list-style-type: none"> • 5 years for oral typhoid • 3 years for injected typhoid <p><i>* Recommended for travel</i></p>		<p style="text-align: center;"></p>
<p>13. Yellow Fever*</p> <p>Recommend retention of WHO/CDC "Yellow Book" for documentation as vaccine is now "Valid of Lifetime of Traveler" <i>* Recommended for travel</i></p>		<p style="text-align: center;"></p>