

**Reference list for Dental Hygiene Department Health Requirements
To be Submitted to Certified Background**

| Requirement | What is needed | Additional information |
|----------------------------|---|--|
| Measles (Rubeola) | After history of two vaccinations: <ul style="list-style-type: none"> Submit a positive antibody titer for Measles (Rubeola). <i>(lab report required)</i> | If not positive, get another booster. - After the booster is up loaded, no further action required. |
| Mumps | After history of two vaccinations: <ul style="list-style-type: none"> Submit a positive antibody titer for Mumps. <i>(lab report required)</i> | If not positive, get another booster. - After the booster is up loaded, no further action required. |
| Rubella | After history of two vaccinations: <ul style="list-style-type: none"> Submit a positive antibody titer for Rubella <i>(lab report required)</i> | If not positive, get another booster. - After the booster is up loaded, no further action required. |
| Varicella (Chicken Pox) | After history of two vaccinations: <ul style="list-style-type: none"> Submit a positive antibody titer. <i>(lab report required)</i> | If not positive, get another booster. - After the booster is up loaded, no further action required. |
| Hepatitis B | <p><u>Prior to start of the three shot series have blood drawn for a</u> Hepatitis ANTIGEN (negative lab result required)</p> <p>After the Antigen is drawn, start the series:</p> <ul style="list-style-type: none"> Vaccination #1 Vaccination #2 done 1 month <u>after #1</u> Vaccination #3 done 5 months <u>after #2</u> <u>After #3</u> wait 3 months and have blood drawn for a Hepatitis ANTIBODY titer. Positive result required. <i>(lab report required)</i> | If, after the three shot series, your antibody does not show immunity, you need one more Booster (you do not need to repeat the series unless your health provider directs you to do so). - After the booster is up loaded, no further action required. |
| Hepatitis Declination | <p>If you decline to get the Hepatitis series, you must:</p> <ul style="list-style-type: none"> Have blood drawn for a Hepatitis Antigen. (negative result required) <p>AND</p> <ul style="list-style-type: none"> Have a signed declination waiver on file. | This is an annual requirement. |

| Requirement | What is needed | Additional information |
|-----------------------------|---|--|
| TB Skin Test | 2 Step TB Skin test (1-3 weeks apart) with yearly PPD's after. If positive results: provide a clear Chest X-Ray <i>(lab report OR physician verification of results required)</i> | This is an annual requirement. |
| Tetanus | There must be documentation of a Tetanus OR Tdap booster within the past 10 years. | |
| CPR Certification | There must be documentation of one of the following: <ul style="list-style-type: none"> • American Heart Association Healthcare Provider course • American Red Cross Professional Rescuers course Copy must be front and back of the card. The card must be signed | CPR Cards are good for 2 years. |
| Influenza | Submit documentation of a flu shot administered during the current flu. | This is an annual requirement. |
| Physical Examination | Download, print & complete the Physical Examination form and upload to this requirement. Physical Exam must be completed on Owens form AND signed by a medical professional. | This is an annual requirement. |