Immunizations for Faculty Policy 2.6

Original Implementation: October 2004
Last Revision: May 2019

Immunization against communicable diseases is necessary for the prevention of illness.

1. All faculty will show proof of current:
   
a. MMR immunization or serologic confirmation of immunity; if serologic confirmation of immunity is negative, then proof of one booster is required.
b. TdaP (tetanus-diphtheria and pertussis) immunization every 10 years;
c. Hepatitis B series or serologic confirmation of immunity; if serologic confirmation of immunity is negative, then proof of one booster is required.
d. Two (2) doses of varicella vaccine or serologic confirmation of immunity; if serologic confirmation of immunity is negative, then proof of one booster is required.
e. Flu vaccine – annually by November 1st of the current academic year
f. Meningococcal vaccine after the age of 16 (exempt if over the age of 55)

2. All faculty will show annual proof of a negative TB skin test or a negative TB blood test (IGRA).
   
o. Faculty with positive results on TB skin test or TB blood test (IGRA) will be required to submit a current (within last 6 months) clear chest x-ray.
o. If treatment for TB is in progress or has been completed, faculty must provide documentation from healthcare provider.
o. Upon annual renewal, if faculty does not show annual proof of a negative TB skin test or a negative TB blood test (IGRA), then the faculty must provide documentation of annual TB symptom screen signed by healthcare provider. Please see attached form.

PROCEDURE

1. Each faculty member is responsible for submitting records to the School of Nursing showing proof of current immunizations as listed above.

2. All faculty will have all immunizations current and documented in the School of Nursing.

3. All faculty members must comply with any additional immunization requirements of the clinical agencies in which they practice.
Waiver:

Waivers must be in compliance with the rules and regulations of the Texas Department of Health, and accepted by the clinical agencies.

**Form:** TB Clearance Form