



## *Medical Assisting / Phlebotomy* *Fall 2025*

### **List of Required Immunizations / Screenings**

**The following guidelines for immunizations have been recommended by the U.S. Centers for Disease Control and Prevention and are required by the clinical agencies at this time.**

**Copies of immunization records must be provided to our office.**

**A. Tetanus-Diphtheria-Pertussis (TDAP) Both listed below are required:**

1. Completed primary series of Tetanus-Diphtheria-Pertussis immunizations
2. Tetanus-Diphtheria-Pertussis booster required within the last 10 years

**B. MMR (Measles, Mumps, Rubella) 1 of the following:**

1. **If born after 1/1/57** – Written documentation of two doses of MMR or measles vaccination on or after 1<sup>st</sup> birthday or titer documentation.
2. **If born before 1957** – **One dose** of measles vaccine or MMR vaccine or titer documentation.
3. Positive MMR Titer (Proof of Immunity)

**C. Varicella (Chicken Pox) 1 of the following:**

1. Positive Varicella Titer (Proof of Immunity)
2. Immunizations (**TWO** immunizations required)

**D. Tuberculosis (TB): 1 of the following:**

- 1 Negative PPD (skin test) within the last 12 months
2. PPD Tier 2 – **Test & negative reading**
3. PPD - Chest X-ray (chest x-ray must be within one year prior to this exam) or symptom review required.
4. QuantiFERON Blood Test

**E. Hepatitis B Series**

**Option 1: Heplisav** - **TWO** doses are required) or a Titer.

**Option 2: Energix/Recombivax (industry standard/recommended):**

**THREE** doses are required or a Titer.

**2 doses** must be completed by 1<sup>st</sup> day of program & 3<sup>rd</sup> dose by **TBD**.