



State Tested Nursing Assistant (STNA) Immunization and Health Requirement Completion Guide



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OVERVIEW

The completion guide is designed to assist the **State Tested Nursing Assistant** student fulfill the necessary health and immunization requirements throughout their program.

Once you have obtained the required immunizations, your documents must be uploaded to **American Databank - Complio**. Do not attempt to create an account or upload documents until you have received your program specific code from your Program Coordinator.

Medically documented evidence – Please be aware that many requirements mandate “Medically documented evidence.” This is defined as follows: Electronic Records (ex. MyChart) or document/printout on medical provider/facility letterhead. All other documents must be signed and/or stamped by a healthcare provider that includes the provider’s name and contact information as well as the student’s name, date of birth and date of service.

TB TEST (TUBERCULOSIS TESTING)

- **A two-step (Double Mantoux) is required** initially (within the past twelve months of admission into a health career program). Obtain test 1, return 48-72 hours to have test read. Obtain test 2 one to three weeks after test 1 is administered, return 48-72 hours to have test read. Your healthcare provider must document dates, results and enter provider information. **If positive due to latent tuberculosis, obtain a chest x-ray.**

OR

- ***IGRA Blood Test - i.e. QuantifERON Gold or T-Spot** (you may choose this option annually in lieu of the skin tests listed above.) Your healthcare provider must document results, date and enter provider information.
 - **Please Note:** In subsequent years if a student elects to switch to the skin test option, a two-step will be required, followed by annual one-steps.

If positive due to latent tuberculosis, the student MUST obtain a chest x-ray.

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- **Chest x-ray** is required for positive results due to latent tuberculosis disease. A chest x- ray is only required **once every five years**. **Medical Provider Verification Statement** is **REQUIRED** along with x-ray report. In subsequent years following the chest x-ray a **NEW** Medical Provider Verification Statement is required to confirm the absence of active TB.
- **Medical Provider Verification Statement:** Required in combination with original x-ray and independently in subsequent years following a chest x-ray. Your healthcare provider must provide a statement that indicates there are no active signs of TB and enter provider information.

INFLUENZA VACCINE

- **An Influenza Vaccine (flu shot)** is required annually during flu season only. Starting between the months of August 1 – October 1. You must provide documentation that includes your name, date and medical source, and receipt if from pharmacy, or your healthcare provider must document the date, and enter provider information.