

# OTD 1ST Year Requirement Guidelines

REQUIREMENT:	GUIDELINES:	DUE DATE	EXP. DATE	DOCUMENT REQUIRED:	ADDITIONAL INFORMATION:
<b>MEASLES MUMPS RUBELLA</b>	Provide proof of one of the following completed on school form: A) 2 doses of Measles, Mumps and Rubella (MMR) <b>OR</b> B) positive antibody titers for all 3 components.	Before 08/15/24	No expiration	Completed on school form	Do NOT get a titer if you have had 2 doses of MMR. Upload form to CastleBranch
<b>TETANUS, DIPHTHERIA and PERTUSSIS</b>	Tdap within the last ten years.	Before 08/15/24	10 years after date that Tdap was given	Completed on school form	If you have not had a Tdap and your last Td is more than two years old, you are required to have a Tdap. <b>If your Tdap is more than 10 years old, a booster is not acceptable. Another Tdap is required.</b>
<b>HEPATITIS B</b>	Both of the following are required on school form: 3 vaccinations (either alone or combined with Hepatitis A vaccination) <b>AND</b> a positive antibody titer.  Timeline for doses: Receive 1 <sup>st</sup> dose, receive 2 <sup>nd</sup> dose 1 month later, receive 3 <sup>rd</sup> dose 4 months from 1 <sup>st</sup> dose; Receive titer 1 to 2 months after 3 <sup>rd</sup> dose.  SEE FREQUENTLY ASKED QUESTIONS	Before 08/15/24	If positive, no expiration	Completed on school form  If Hepatitis B booster is needed, use the HEPATITIS B BOOSTER AND HEPATITIS B SECOND SERIES FORM	<b>If titer is negative or indeterminate, you must receive a booster and titer that tests positive for immunity. Use the separate form for the Hepatitis B Booster and titer.</b>  <b>If booster titer is still negative or indeterminate, repeat the Hepatitis B series and titer and have it documented on the Hepatitis B Booster and Hepatitis B Second Series Form.</b>  <b>Submit each dose and titer on the form after it is completed to CastleBranch. Use the same form that is signed off by the healthcare provider each time you submit each repeat dose and titer.</b>
<b>VARICELLA</b>	One of the following is required: A) date of disease <b>AND</b> positive antibody titer <b>OR</b> B) 2 vaccinations for varicella.	Before 08/15/24	If positive, no expiration	Completed on school form	Titer required with history of disease. No titer is required with documentation of two doses of vaccine.
<b>TWO STEP TB SKIN TEST (PPD)</b>	Two Step TB Skin Test <b>OR</b> QuantiFERON Gold test is required annually.  PPD is placed and read 48 hours later.  Placement of 2 <sup>nd</sup> PPD should be 1 to 3 weeks after the first PPD results are read. 2 <sup>nd</sup> PPD is placed and read 48 hours later.	<b>Schedule after 07/01/24 and before 07/30/24. This test takes 10 – 21 days &amp; 4 visits to a healthcare provider. Plan accordingly. Due by 8/15/24</b>	Annual requirement	Completed on school form	If positive results, one of the following is required: Student with a first time positive PPD must submit the school form <b>AND</b> a copy of the radiology report.  Student with a history of positive PPD, must submit the school form <b>AND</b> the TB Symptom Checklist form.
<b>INFLUENZA VACCINATION</b>	Influenza vaccination for current flu season.	After 10/01/24 And before 10/31/24	Valid for current flu season	Completed on school form or health care provider's form	Upload to CastleBranch
<b>COVID-19 VACCINE</b>	Documentation of complete COVID-19 Vaccine	Before 08/15/24		Copy of vaccine card or documentation from pharmacy or health care provider OR exemption form	Upload to CastleBranch – documentation must include manufacturer OR religious exemption signed by you OR medical exemption signed by health care provider

<b>COVID-19 VACCINE BOOSTER</b>	Documentation of COVID-19 Booster	Before 08/15/24 Or within 14 days of becoming eligible	Booster due 6 months after COVID-19 vaccine is completed.	Copy of vaccine card or documentation from pharmacy or health care provider OR exemption form	Upload to CastleBranch – documentation must include manufacturer OR religious exemption signed by you OR medical exemption signed by health care provider
<b>CPR</b>	One of the following is required: A) American Heart Association Basic Life Support for Health Care Providers OR B) American Red Cross Professional Rescuer.	Before 08/29/24	Certification must remain valid for entire clinical experience.	Copy of front and back of CPR certification card	Certification must remain valid for entire clinical experience.  Certification is valid for two years after date on card.
<b>PROOF OF HEALTH INSURANCE</b>	Provide a copy of your current health insurance card <b>AND</b> Proof of Health Insurance form.	Before 08/15/24	If your insurance changes, you are responsible for providing updated information	Copy of insurance card or equivalent AND Proof of Health Insurance form	This is an annual requirement.
<b>HIPAA/OSHA TRAINING</b>	Complete your HIPAA/OSHA training via the Evolve e-Learning Solutions website at: <a href="https://www.evolve.com/lms/uvms/default.aspx">https://www.evolve.com/lms/uvms/default.aspx</a> OSHA training includes courses on Bloodborne Pathogens, Personal Protective Equipment, Ethics in the Workplace, and Safe Patient Handling.	Before 08/15/24	Annual requirement	No need to submit a document as long as you've completed your online training.	Training will not be considered complete unless all sections of the training have been completed.
<b>UVM RISK MANAGEMENT PROTECTIONS OF MINORS TRAINING</b>	Complete training through link provided: <a href="https://learn.ue.org/ZG2J/U290081/UVMProtectingChildren">https://learn.ue.org/ZG2J/U290081/UVMProtectingChildren</a>	Before 08/15/24	One-time training	Copy of training certificate	Upload to clinical software EXXAT as instructed by Fieldwork Coordinator
<b>DRIVER'S LICENSE</b>	Provide a copy of your driver's license	Before 08/15/24	On license	Copy of your driver's license	Upload front and back sides to CastleBranch.com.
<b>AOTA MEMBERSHIP</b>	Copy of AOTA membership card	Join after 07/01/24 and before 7/30/24 Due by 8/15/24	On card	Copy of your AOTA membership card	Create an AOTA account at aota.org. Print an electronic membership card.
<b>CRIMINAL BACKGROUND SCREEN</b>	Follow instructions as indicated by 7/1/22 email from <a href="mailto:Lisa.McClintock@med.uvm.edu">Lisa.McClintock@med.uvm.edu</a>	<b>AFTER 7/1/24 &amp; BEFORE 8/01/24</b>	Background screen results from provider		Costs associated with the background screen are the responsibility of the student.

## OTD 1ST Year Requirements

### Notes from CNHS – Lisa McClintock

**PLEASE READ ALL FORMS AND GUIDELINES CAREFULLY!**

Note, some site placements may require additional mandatories such as a physical, criminal background check, or drug screen.

If you visit UVM's Center for Health and Wellbeing for your immunization/serology work, you can request a receipt and file it along with the claim to your insurance company.

Please be sure to fill out the top of each form with your identifying information before submitting it to CastleBranch or they will not accept it.

Program: \_\_\_\_\_

Student Name: _____	Date of Birth: ____/____/____	Cell phone#: (____) ____-____
Last Name	First Name	Middle Initial
	mm dd yr	

**Part 1: Everything must be filled out by your licensed health care provider on this UVM form ONLY. Copies of Medical Records/Labs will NOT be accepted.**

VACCINE NAME	DATES OF VACCINATION	OR DATES OF POSITIVE TITERS (BLOOD TEST) OR DISEASE HISTORY
<b>TDAP</b> Tdap in last 10 yrs. If you have not had a Tdap and your last Td is more than two yrs. a Tdap is required. (Do not receive a Td booster.)	Tdap Date: ____/____/____ mm   dd   yr	<i>Not applicable</i>
<b>HEPATITIS B</b> *Dose at 0, 1 and 4 mos from 1st dose *Titer 1 - 2 months after 3rd dose *Healthcare provider initial each dose	#1: ____/____/____ mm   dd   yr                  (initials) #2: ____/____/____ mm   dd   yr                  (initials) #3: ____/____/____ mm   dd   yr                  (initials) <b>(Titer required with 3 doses) → →</b>	<b>Surface Antibody Titer (Circle One):</b>  Positive or Negative  Date: ____/____/____ mm   dd   yr <b>(Titer required with 3 doses)</b>
<b>MMR (Measles, Mumps, Rubella)</b> *2 doses of MMR vaccine *First dose must be after 1st birthday *Minimum 4 wks between doses	#1 ____/____/____ mm   dd   yr #2 ____/____/____ mm   dd   yr <b>(No titer required if two doses were given)</b>	<b>Pos. Measles Titer:</b> ____/____/____ mm   dd   yr <b>Pos. Mumps Titer:</b> ____/____/____ mm   dd   yr <b>Pos. Rubella Titer:</b> ____/____/____ mm   dd   yr
<b>VARICELLA (CHICKEN POX)</b> *2 doses of Varicella vaccine *Minimum 4 wks between doses **Titer required with history of disease.	#1 ____/____/____ mm   dd   yr #2 ____/____/____ mm   dd   yr <b>(No titer required if two doses were given)</b>	Disease History: ____/____/____ (if documented) mm dd yr <b>AND</b> <b>Positive Varicella Titer:</b> ____/____/____ mm   dd   yr

**HEALTH CARE PROVIDER'S SIGNATURE (Required): I certify that this student has received the immunizations or has laboratory evidence of immunity as indicated on this page.**

Signature and Credentials	Printed Name	Date
Office phone number	Office Fax Number	

The information included on this form may be released to the infection control officer and clinical education coordinators at sites where you perform your clinical education experience.

**It is your responsibility to keep track of whether you have submitted your requirements, to pay attention to deadlines for renewals, and take action on CastleBranch's requests for documentation.**

**If you know you will be unable to meet the above deadlines for extenuating circumstances, you should contact Lisa McClintock at [Lisa.McClintock@med.uvm.edu](mailto:Lisa.McClintock@med.uvm.edu).**

Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Program/Graduation Year \_\_\_\_\_

**TWO-STEP PPD REQUIREMENTS**

**COPIES OF MEDICAL RECORDS/LABS WILL NOT BE ACCEPTED.**

**2 Step PPD - Tuberculin Skin Test - BCG vaccine does not preclude the need for PPD testing or chest x-ray.**

**Timeline: PPD placed, then read 48 hours following placement.**  
**Per CDC guidelines, placement of 2nd PPD should be 1-3 weeks after first PPD is read. 2nd PPD should be read 48 hours following placement.**

1) Date given: \_\_\_\_\_ Date read: \_\_\_\_\_ Results (mm): \_\_\_\_\_  
*circle result* : pos neg

2) Date given: \_\_\_\_\_ Date read: \_\_\_\_\_ Results (mm): \_\_\_\_\_  
*circle result* : pos neg

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**OR Tuberculin Blood Test**

1) Date given: \_\_\_\_\_ *Circle result* : pos neg

**IF FIRST TIME WITH A POSITIVE PPD:** Please attach copy of radiology report, and list results.

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**IF HISTORY OF A POSITIVE PPD:**

- 1) Print the TB Symptom Checklist
- 2) Take the TB Symptom Checklist to your appointment and give to your health care provider to complete

*\*Please note, depending on your site placement, a chest x-ray and/or annual TB symptom checks may also be required if you have a history of a positive PPD.*

**Licensed Health Care Provider Attestation**

By signing below, I affirm that I am a licensed health care provider. I am aware that leaving any required fields blank will result in the student being **unable to progress in his/her major** at the University of Vermont.

\_\_\_\_\_  
 Signature of **Licensed Health Care Provider**

\_\_\_\_\_  
**Credentials**

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Clinic Stamp or Printed Name of Provider

\_\_\_\_\_  
 Provider Telephone Number

**Submit Form To CastleBranch after both tests are completed.**

The information included on this form maybe released to the infection control officer and clinical education coordinators at sites where you perform your clinical education experience.

Name \_\_\_\_\_  
 Student ID# \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Program/Graduation Yr \_\_\_\_\_

**THIS FORM IS TO BE COMPLETED BY YOUR LICENSED HEALTHCARE PROVIDER ONLY IF YOU HAVE A NEGATIVE OR INDETERMINATE HEPATITIS B TITER. COPIES OF MEDICAL RECORDS/LABS WILL NOT BE ACCEPTED.**

**HEPATITIS B BOOSTER AND HEPATITIS B SECOND SERIES FORM**

**Hepatitis B Booster AND 2nd Titer Required**

Booster Date: \_\_\_\_\_ Initials: \_\_\_\_\_ Titer #2 (1 - 2 months after booster) Date: \_\_\_\_\_ Initials: \_\_\_\_\_  
 (Dose #4)

Circle result: *Positive* *Negative* *Indeterminate*

**\*\*IMPORTANT: If your booster titer result above is negative or indeterminate, you are required to repeat the full series of Hepatitis B doses and titer. Heplisav-B vaccine series is accepted. See below:**

**Hepatitis B (Complete this only if titer above is negative or indeterminate)**

Enderix  
 Twinrix (Hep A & B)

Dose #5 date: \_\_\_\_\_ Initials: \_\_\_\_\_

Dose #6 date: \_\_\_\_\_ Initials: \_\_\_\_\_

Timeline for doses: Get 4th dose, get 5th dose 1 month later, get 6th dose 4 months from 4th dose; Get titer 1 to 2 months after 6th dose.

Healthcare provider: If Enderix or Twinrix is used, please note on Dose 4 (booster), 5 and 6.

**OR**

**Hepatitis B (Complete this only if titer above is negative or indeterminate)**

Heplisav

Dose #5 date: \_\_\_\_\_ Initials: \_\_\_\_\_

Timeline for doses: Get 4th dose, get 5th dose 1 month later, get titer 1 to 2 months after 5th dose.

Healthcare provider: If Heplisav-B is used, please note on Dose 4 (booster) and 5.

**3RD TITER (Required after either series above)**

Date: \_\_\_\_\_

**Circle result:** positive negative indeterminate

Health Care Provider Initials: \_\_\_\_\_

**Licensed Health Care Provider Attestation**

By signing below, I affirm that I am a licensed health care provider. I am aware that leaving any required fields blank will result in the student being **unable to progress in his/her major** at the University of Vermont.

\_\_\_\_\_  
 Signature of Licensed Health Care Provider                      Credentials                      Date

\_\_\_\_\_  
 Clinic Stamp or Printed Name of Provider                      Provider Telephone Number

The information included on this form may be released to the infection control officer and clinical education coordinators at sites where you perform your clinical education experience.



The  
**UNIVERSITY**  
of **VERMONT**

COLLEGE OF NURSING & HEALTH SCIENCES

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Program / Graduation Year: \_\_\_\_\_

Date: \_\_\_\_\_

### CNHS ANNUAL HEALTH INSURANCE REQUIREMENTS

**Proof of Health Insurance Form - Submit this form AND a copy of insurance card ANNUALLY**

*\*The University does not pay medical costs resulting from injury during clinical/practicum rotations or other curricular activity unless this injury is due to negligence of the University. All CNHS students are required to carry their own health insurance. It is your responsibility to resubmit your insurance if there are any changes during the academic year.*

Subscriber/Member ID \_\_\_\_\_

Primary Subscriber's Name \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Subscriber's Relationship to You \_\_\_\_\_

**It is MANDATORY that you scan and upload this form AND a copy of your insurance card to CastleBranch.**

The information included on this form maybe released to the infection control officer and clinical education coordinators at sites where you perform your clinical education experience.

## Frequently Asked Questions

### General Questions

**Q: What are CNHS Mandatories?**

**A:** CNHS Mandatories are college requirements that include proof of immunizations, health insurance, CPR, HIPAA/OSHA training, program memberships, etc. that all students need to fulfill to take part in clinical education. Depending on the requirements of your clinical placement site, there may be additional requirements to fulfill such as a physical exam, drug screen, background check or additional PPD test.

**Q: How do I submit my documentation?**

**A:** The College of Nursing and Health Sciences partners with an online compliance tracking company called 'CastleBranch' to manage student mandatories. CNHS students submit required records to CastleBranch.com. Benefits associated with this service include secure holding and transfer of personal information, website accessibility 24/7 and lifetime access to personal immunization documents. Once you register and set up your account you will use the same account for the length of time you are in the College of Nursing and Health Sciences. Instructions for submitting your program mandatories in CastleBranch will be emailed to you. Note: UVM's Center for Health and Wellbeing will not submit your documents for you. It is your responsibility to bring the CNHS forms with you to your appointments and to submit your completed documents to CastleBranch.com.

**Q: What happens if I can't submit my mandatories by the deadline?**

**A:** It is imperative that you plan ahead to ensure that your mandatories are completed by the deadline. If you fail to submit your mandatories by the deadline, your participation in your clinical experience maybe jeopardized.

It is important to give yourself plenty of time to complete these requirements. Please pay attention to email reminders from your program staff and CastleBranch and take action on requests.

### CPR Certification

**Q: What CPR certifications will you accept?**

**A:** American Heart Association Basic Life Support for Healthcare Providers or American Red Cross Professional Rescuer.

**Q: What if my CPR certification will expire during my clinical education experience?**

**A:** It is your responsibility to be aware of your CPR certification expiration date. Your CPR certification is required to be valid for your entire clinical education experience. If your CPR certification will expire during your clinical, please renew it BEFORE expiration and submit an updated copy of the front and back of your CPR card or certificate with signature(s) to CastleBranch.

**Q: Will you accept the American Red Cross Challenge Exam for my CPR Certification course?**

**A:** No. This is a refresher course and not a certification course.



**Q: How do I find out about upcoming CPR classes?**

**A:** CNHS offers AHA BLS CPR courses at least twice per semester. You will receive email notices regarding how to sign up through <http://vtsafetynet.com/> for upcoming CPR course dates.

**Q: How do I register for a CPR class?**

**A:** After you receive notification of the course date, you can register for the course through the American Heart Association at the link <http://vtsafetynet.com/> and follow the prompts for registration. The course takes approximately 2.5 hours and requires in-class instruction. There is no on-line portion of the course. The course offered is \$45 and is a substantially discounted cost for UVM students.

**HIPAA/OSHA Training**

**Q: How often do I need to complete HIPAA/OSHA training?**

**A:** You are required to complete *annual* HIPAA and OSHA on-line trainings offered by Evolve e-learning . OSHA training includes courses such as Bloodborne Pathogens, and Personal Protective Equipment. Information regarding these trainings will be emailed to you.

**HEPATITIS B VACCINATIONS AND TESTING– READ CAREFULLY**

Vaccinations and testing for immunity for Hepatitis B can be a lengthy process because of the time you have to wait between doses and titers. Please do not wait to begin testing for immunity for this requirement.

**Q: What is a titer?**

**A:** A titer is a blood test to determine whether a vaccination has provided immunity against the disease. Titer results should be positive to indicate immunity.

**Q: What if my first Hepatitis B titer is negative or indeterminate?**

**A:** If you receive a negative or indeterminate Hepatitis B titer result, ask your healthcare provider to revaccinate you with the **Hepatitis B Booster**. One to two months after the booster dose you will need a second titer to test for immunity.

**Q: What if my second Hepatitis B titer is still negative or indeterminate after the booster dose?**

**A:** If your second titer is still negative or indeterminate you will need to be revaccinated with the full Hepatitis B vaccine series. The booster is the first dose of the series and two more doses are needed to complete the series. A third titer is again required 1 to 2 months after the final dose to prove immunity.

**Timeline for 3-dose Hepatitis B repeat series:**

Receive 1st dose (booster);  
Receive 2nd titer 1-2 months later;  
If 2nd titer negative or indeterminate, receive 2nd dose;

Receive 3rd dose 4 months from 1st dose;  
Receive 3rd titer 1-2 months after 3rd dose.

*Ask your healthcare provider to document and initial each Hepatitis B dose and titer on the same CNHS Hepatitis B Booster form and submit each action to CastleBranch.*

**Q: Should I need to repeat the Hepatitis B series, can I receive Heplisav-B, an accelerated series?**

A: Yes, you can receive the 2 dose accelerated series as long as you continue with Heplisav-B through the series. Make sure your healthcare provider notes the Heplisav-B on your form. A titer is required 1 to 2 months after the final dose.

**Timeline for 2-dose Heplisav-B repeat series:**

Receive 1st dose (booster);  
Receive 2nd titer 1-2 months later;  
If 2nd titer negative or indeterminate, receive 2nd dose;  
Receive 3rd titer 1-2 months after 2nd dose.

*Ask your healthcare provider to document and initial each Hepatitis B dose and titer on the same CNHS Hepatitis B Booster form and submit each action to CastleBranch.*

**Q: Can I see different healthcare providers to complete my Hepatitis B series?**

A: Yes. If you plan to use multiple healthcare providers to complete your Hepatitis B series, please ensure that you provide your second healthcare provider with a completed form showing your most recent dose. **If Heplisav-B was given for the first dose it must be given for the 2<sup>nd</sup> dose and documented as such.** Use the same CNHS form when seeing multiple healthcare providers, but make sure each dose is initialed by the healthcare provider giving you that dose and titer. When the series is complete have your provider sign the bottom of the form.

**Q: What if my Hepatitis B titers keep showing as negative?**

A: If you have completed the booster and remaining doses of the series (or two doses of Heplisav-B) and your titers are still negative, you are considered to be a non-responder. Talk with your healthcare provider about precautions to prevent Hepatitis B infection. Please have your healthcare provider note on the form that you have been advised about precautions to take.

**Varicella**

**Q: How do I know if I need a titer?**

If you have two documented doses of the Varicella vaccine you do not need a titer. If you have a history of the disease and have not had two doses of the vaccine, you will need a positive titer to show immunity.

**Q: My Varicella titer is indeterminate or negative. What should I do?**

**A:** If your Varicella titer is indeterminate or negative, you are required to have two Varicella vaccinations. After receiving the vaccinations, no further action is needed.

**PPD**

**Q: What is a PPD?**

**A:** It is a Tuberculin Skin Test.

**Q: If I have a PPD Skin Test and it is positive, what should I do?**

**A:** *First time positive only:* You will need to be assessed to determine why the skin test is positive. Reasons may include previous BCG vaccine, latent TB (exposed, but not active), or active TB. This will require a symptom review done by your healthcare provider and chest x-ray. You will need to submit a copy of the radiology report, the Symptom Checklist form, and the PPD form signed by your healthcare provider to CastleBranch.

**Q: If I have a *history* of a positive PPD, what should I do?**

**A:** Do not get another PPD skin test because this will continue to result as a positive. Instead, ask your healthcare provider to perform a TB symptom review. Bring your TB Symptom Checklist form to your appointment for the healthcare provider to fill out and sign. You will need to submit your Checklist in CastleBranch.

**Q: What if I have difficulty getting an appointment with my doctor for my PPD?**

**A:** You often do not need a full office visit appointment for the placement and reading of your PPD. Ask if a nurse can place/read your PPD instead. Walk-in clinics and pharmacies will also provide these services.

**Influenza Vaccination**

**Q: Am I required to get a flu shot?**

**A:** Yes, as a CNHS student you are required to receive an annual influenza vaccination both to protect yourself, and also to protect the patients with whom you come into contact. Influenza vaccinations should be received in **October/November** in order to protect you through the spring.

**COVID-19 Vaccination**

**Q: Am I required to get a COVID-19 vaccination?**

**A:** Yes, you are required to have a complete COVID-19 vaccination OR have a documented health or religious exemption.

**COVID-19 Booster Vaccination**

**Q: Am I required to get a COVID-19 booster vaccination?**

**A:** Yes, you are required to have a COVID-19 booster vaccination OR have a documented health or religious exemption. Booster is due 6 months after the completed COVID-19 vaccination.

### **Additional Questions**

**Q: Is my insurance form and card an annual requirement?**

**A:** Yes, each year you are required to submit the form and a copy of your insurance card to CastleBranch even if your information has not changed. You are also required to submit any insurance changes throughout the academic year to CastleBranch.

**Q: How will I know when my mandatories have been completed?**

**A:** Is it your responsibility to keep track of the documents that you submit to ensure you have met all requirements. **You will know your mandatories are complete when all document trackers on your CastleBranch account display a green check mark. Take action to complete any requirement they reject.**

**It is your responsibility to coordinate and maintain compliance and record keeping. The program will facilitate coordination to clinical sites, but this does not eliminate the need for you to be able to make available complete and updated requirements at any time.**

**Q: Which requirements need to be done annually?**

**A:** HIPAA/OSHA training, Proof of Health Insurance (copy of your card), the Health Insurance form, PPD test, and the Influenza vaccine are all annual requirements.

**Q: Does CNHS cover the cost of my immunization and serology work?**

**A:** No, it is your responsibility to cover the cost. If you visit the UVM's Center for Health and Wellbeing for your immunization and serology work, you can request a receipt and file it along with the claim to your insurance company.

**Q: Who do I contact if I have additional questions?**

**A:**

Lisa McClintock  
College of Nursing and Health Sciences  
106 Carrigan Drive, 310 Rowell Bldg.  
Burlington, VT 05405

Lisa.McClintock@med.uvm.edu  
(802) 656-3014