

## BCC Dental Assisting Program Health Requirements

Certain health requirements must be met and documented prior to entering our contracted clinical and field sites. It is important you begin this process early, as the requirements are due shortly after the start of class. These requirements are subject to change.

Immunizations/Vaccinations (due date listed in you course schedule) include many childhood immunizations which could be found through your personal physician, the county health department, or your parent or guardian. For those working in healthcare, your employee health division could also be an option. If you cannot locate these records, you can take a simple blood test, called a titer test, which checks for antibodies for many of these required items.

### **1. Immunizations/Vaccinations and tests**

### **2. History & Physical Certification Form.**

A physician must complete the BCC Dental History & Physical Certification form.

**3. Criminal Background Check** will occur after class begins, through a third-party vendor, which the student will pay for and communicate with directly. Any felony convictions or pending misdemeanor charges, other than minor traffic violations, may result in ineligibility to attend clinical, which would result in failure to progress through the class which would result in unsuccessful completion of the course.

Please contact the BCC Dental Assisting Program Director with any questions, at 910-755-7335.

Brunswick Community College  
Immunization Requirements

Dear BCC Student:

Please read all of this information carefully. Below is a list of requirements. Please begin the process of securing documentation of all the requirements below. Some vaccinations require a specific timeframe between the first and second vaccine (i.e. Varicella, Hepatitis). **Therefore, it is very important not to wait until the last minute to get a titer or begin the vaccination process.**

<b>Criminal Background</b>	<b>Background Check:</b> This is done through Complio.
<b>CPR</b>	<p>Only the <b>American Heart Association <u>BLS Healthcare Provider Level</u></b> will be accepted. Course must be a 2-year certification which includes adult, child and infant CPR, and must include hands on training. A copy of the front and back of the CPR card must be uploaded to Complio.</p> <p>Please contact:</p> <ul style="list-style-type: none"> <li>▪ the American Heart Association at (800-242-8721)</li> <li>▪ or local SEAHEC (910-343-2516)</li> <li>▪ or First Hands CPR at (910-352-3777) or email firsthands@ec.rr.com</li> <li>▪ or a the local EMS education center</li> </ul>
<b>Tetanus, Diphtheria, Pertussis (Tdap)</b> <i>required</i>	<p><b>Requirement:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Documentation of vaccination with 1 dose of Tdap within the past 10 years. (Td is not accepted)</li> </ul>
<b>Measles, Mumps, Rubella (MMR)</b> <i>required</i>	<p><b>One</b> of these is required:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Documentation of 2 doses of MMR vaccine at least 4 weeks apart or</li> <li><input type="checkbox"/> A positive antibody titer* for Measles, Mumps and Rubella (lab report required).</li> </ul>
<b>Varicella (Chicken Pox)</b> <i>required</i>	<p><b>One</b> of these is required:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Documentation of vaccination with 2 doses of varicella vaccine at least 4 weeks apart</li> <li><input type="checkbox"/> A positive antibody titer* (lab report required).</li> </ul> <p>*The word "Immune" beside Varicella on a Health Department Vaccine Record <b><u>does not</u></b> meet the requirement for Varicella. There must be record of 2 vaccines or a positive antibody titer.</p>

<p style="text-align: center;"><b>Tuberculosis (TB)</b></p> <p>Please note this is a <b><u>2-step</u></b> TB skin test <i>required</i></p>	<p><b>One</b> of the following is required:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Negative QuantiFERON Gold Titer* (lab report required).</li> <li><input type="checkbox"/> Documentation of a negative <b>2-step TB skin test. (Two separate tests done 1-3 weeks apart)</b></li> <li><input type="checkbox"/> If either of the above come back positive, a negative chest X-ray dated following the positive test is required. You will also need to contact your primary care physician or the Health Department to schedule a TB assessment.</li> </ul>
<p style="text-align: center;"><b>Hepatitis B</b></p>	<p><b>One</b> of the following is required:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> documentation of a series of 3 vaccinations</li> <li><input type="checkbox"/> a positive antibody titer* (lab report required).</li> </ul>
<p style="text-align: center;"><b>COVID Vaccine</b> <i>Optional</i></p>	<p><b>One</b> of the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Documentation of one (1) dose of the Johnson &amp; Johnson Vaccine</li> <li><input type="checkbox"/> Documentation of two (2) doses of the Moderna or Pfizer Vaccine</li> </ul>
<p style="text-align: center;"><b>Influenza Vaccine (flu shot)</b> <i>Optional</i></p>	<p>You <b><u>do not</u></b> need to get this now. If you do decide to receive the vaccine it must be for the current flu season which starts Oct 1<sup>st</sup></p>

\*All titers/lab reports **MUST** display student name, date, result, and interpretation on the report.