Seattle Pacific University Nursing Student Immunization Record

Name _____ Birth Date _____ Student ID # _____

To be filled out by a Healthcare Provider. Directions are very specific- please refer to backside of form. Official Documentation can be attached to this form or a Healthcare Professional (MD, DO, PA, NP) can fill out and sign this form. Official documentation can be: copy of immunization card, immunization form (from your HCP or state immunization database), Employee Health print-out, or copy of lab results.

Vaccine	Dose	Date (MM/DD/YYYY)
Hepatitis A		
	1	
	2	
Hepatitis B		
	1	
	2	
	3	
	4	
	5	
	6	
Anti-HBs (Hep. B Surface Antibody) Titer **Must attach titer results		
If no documentation of Hep B, but positive Anti-HBs , then Anti-HBc (Hep B Core Antibody) **Must attach titer results		
Varicella (Chicken Pox)		
	1	
	2	
If had disease, must prove immunity by Varicella Titer **Must attach titer results		

Vaccine	Dose	Date (MM/DD/YYYY)
Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)		
	1	
	2	
	3	
	4	
	5	
Adult Tetanus, Diphtheria, Pertussis (Tdap, Td) **Must have one dose of Adult Tdap**		
Measles, Mumps, Rubella (MMR)		
	1	
	2	
If no documentation of MMR: Rubeola Titer, Mumps Titer , and Rubella Titer **Must attach titer results		
Annual Influenza (For years in clinic settings)		

Tuberculin Status

Option 1: Initial Two-Step Skin Test

Date Given	Date Read	Induration

Option 2: Annual Skin Test(s)

Date Given	Date Read	Induration

Option 3: Annual QuantiFeron (QFT)

Date:_____ Result: _____

**Must attach titer results

Option 4: If History of + Tb Skin Test

- Date of Positive Test_____
  MM of Induration_____
- Date of Chest X-Ray_____
  **Must attach X-Ray results
- Complete Symptom Check Sheet
  (Contact Health Services for the form)
- Treatment as Directed by Provider

Color Blindness Exam
(Pseudo Isochromatic Plates for Testing Color Perception)

List name if other test used:

_____

Normal? ❑ Yes ❑ No

_____ _____ _____

Signature or Stamp of Health Practitioner | Print Name with Designation | Date

SPU Nursing Student Immunization Record

According to the North Puget Sound Clinical Placement Consortium, all students participating in patient care must meet the following health requirements. You are responsible to meet all requirements **prior** to and during all clinical courses. Some requirements are very specific, so please read carefully. **Required immunizations must include mm/dd/yyyy if available. Any applicable lab reports must also be included.**

TETANUS,DIPTHERIA, PERTUSSIS (Tdap)

- Routine series of Td-containing vaccine
- Routine booster within 10 years
- Adult Tdap **required** once

MMR (Measles, Mumps, Rubella)

- Proof of vaccination (2 doses) **OR**
- Proof of immunity by titers (Rubeola, Mumps and Rubella). Must include copy of lab report

VARICELLA (Chicken Pox)

- Proof of vaccination (2 doses) **OR**
- Proof of immunity by titer. Must include copy of lab report
- History of Disease is NOT acceptable.

HEPATITIS A

- Proof of vaccination (2 doses)
- If Twinrix (combination of Hep A and Hep B), must have 3 doses of Twinrix with no substitutions.

HEPATITIS B

- Proof of immunity by vaccination (3 doses) and the Hepatitis B Surface Antibody (Anti-HBs, HBsAB) titer.
- Proof of vaccine series titer:
  - If series is ≤ 5yrs old, draw titer only
  - If series is > 5yrs old, one dose of Hep B and titer 1-2 months later. If neg titer, complete vaccine series.
- If positive titer → assumed immune.
- If negative titer → must repeat vaccine series (for total of 6 shots all together) and titer. Student will be allowed in clinical during repeat series and considered a non-responder to vaccination after 2 complete vaccine series and negative titers.
- If positive anti-HBs titer and no history of vaccine, must obtain antiHBc test, the marker for past infection.

TUBERCULIN STATUS

- Annual Tuberculous (TB) status is required. Depending on your past status and testing there are different options.
- **Option 1:** Initial Two-Step Skin Test
  - This entails (1) receive the test, (2) return 48-72 hours later for reading, (3) wait 1-3 weeks, (4) repeat steps 1 & 2.
  - If no history or more than 12 months since last Tb Skin Test → 2 step Tb Skin Test required
- **Option 2:** Annual Skin Test
  - If negative TB Test within 12 months → one step Tb Skin Test (for a total of 2 within 12 months)
- **Option 3:** QuantiFeron Gold (QFT) Blood Test
  - Annual QFT is acceptable in lieu of Tb Skin Test. Like Tb Test, must be within 12 months
  - If history of BCG vaccine → QFT. If negative → OK; If positive → do Chest X-Ray
- **Option 4:** History of Positive Tb Skin Test
  - If History of Positive Tb Skin Test, submit the following:
    - Date of Positive Tb with induration (mm)
    - Proof of chest x-ray
    - Complete Symptom Check Sheet (contact Health Services for form)
  - If new positive TB → Follow-up by healthcare provider. Must complete treatment as recommended