

STUDENT IMMUNIZATION RECORD

I understand that my immunization record and other documentation is required in order to attend clinical courses, that it may be required for a future clinical experience/employer and that the School of Nursing is not responsible for providing submitted documentation to me. **I will keep a record of my immunizations.**

Student signature _____ Student name _____ DOB _____

HEALTH PROFESSIONAL: COMPLETE THIS SECTION

Please the appropriate box to signify that the requirement has been met. Provide additional documentation/explanation if appropriate. Documentation of additional vaccination will be required for negative serology results.

Disease	HCW Requirements for Immunity
MMR (Measles, Mumps, Rubella)	<input type="checkbox"/> Measles Positive serology – Date _____ (lab results required) <input type="checkbox"/> Mumps Positive serology – Date _____ <input type="checkbox"/> Rubella Positive serology – Date _____ OR <input type="checkbox"/> 2 MMR vaccines - Dates 1. _____ 2. _____
Hepatitis B	<input type="checkbox"/> Positive serology – Date _____ (lab results required) OR <input type="checkbox"/> Three doses of Hepatitis B vaccine; the first 2 doses given at least one month apart, and 3 rd given at least 4 months after the 2 nd Dates of Hepatitis B Vaccine: 1. _____ 2. _____ 3. _____
Tetanus, Diphtheria, Pertussis	<input type="checkbox"/> 1 dose of Tdap (Adacel) (NOTE: Neither TD nor DTaP meet this requirement). Date of Tdap Vaccine: 1. _____
Varicella (Chicken pox)	<input type="checkbox"/> History of varicella (Chickenpox) or zoster (Shingles) Date or year: _____ OR <input type="checkbox"/> Positive serology – Date _____ (lab results required) OR <input type="checkbox"/> 2 doses of VZV vaccine, 6-8 weeks apart. Prior recipients of 1 dose of vaccine must receive a 2 nd vaccine dose. Dates of Chicken pox Vaccine: 1. _____ 2. _____

Signature (physician/nurse practitioner verifying information) Printed name Date signed

NAME/ADDRESS/PHONE OF HEALTH CARE PROVIDER

NOTE TO STUDENT: An immunization record from your healthcare provider will satisfy this requirement if the document includes all necessary information.