

Immunizations Worksheet/Checklist

Please print out and have your Doctor complete, if needed.

Dates of immunizations or dates of lab results with a **copy of the lab values attached** indicating seropositivity required.

Each line requires a medical provider's signature or verification from the Health Center.

Immunization	Date of Immunization	Lot #	Manufacturer	Expiration Date	If Seropositive, Date of Positive Titer	Doctor's or Health Center's Signature (Valid only if injection is given*)
1. Measles – 2 doses since 01/01/68 or positive Titer.	#1					
	#2					
2. Mumps – 1 dose since 01/01/68 or positive Titer.						
3. Rubella – 1 dose or positive Titer.						
4. Tetanus / diphtheria /pertussis (Tdap) – 1 dose within past 10 yrs.*						
5. Varicella (chickenpox) – 2 doses or positive Titer.	#1					
	#2					
6. Influenza – 1 dose annually Dated after June 1 st , 2020						
7. Hepatitis B series 1st initial dose 2nd dose after 1 month 3rd dose after 5 months after 2nd dose or positive titer	#1					
	#2					
	#3					
8. Hepatitis A series 1st initial dose 2nd does after 6 months or positive titer	#1					
	#2					

NOTE: Physical exam form will **not be** accepted **without medical provider's signature or health clinic verification** for each immunization and TB screening. **No student may begin clinical rotations without verification of Immunization status.**

Tuberculosis Screening

Documentation requires an **official healthcare provider's signature** or verification from the Health Center.

Intradermal PPD (Mantoux) or blood T-Spot After being selected for Nursing Program

Date _____ Results _____ Medical Provider's Signature _____

Chest X-ray

Date _____ Results _____ Medical Provider's Signature _____