

Practical Nursing Program Student Record of Immunization & Health Status Form

Student Name		Student Date of Birth		
Directions for completing form:				
Enter the month and year for each of the boxes listed. Subsequent documentation of completed doses of				
Hepatitis B 2 and 3 must be provided to the nursing program if not complete at time of application.				
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Student Immunization and Health Status Record				
Measles (Rubeola /Red measles)/	Month/Year		Month/Year	
Mumps/ Rubella (German measles)				
2 doses required after age 12 months or				
proof of immunity by titer				
Varicella (Chickenpox)	Month/Year		Month/Year	
2 doses after age 12 months or proof of				
immunity by titer				
Tetanus/Diptheria (Td) within past 10	Month/Year			
years. Must show evidence of having 1				
dose at/after age 18 years of				
Tetanus/Diphtheria/Pertussis (TdaP)				
Hepatitis B	Month/Year	Dose 1	Month/Year Dose 2	Month/Year Dose 3
3 doses or proof of immunity by titer				
At least 2 doses required in Semester 1 of				
program. At least 1 dose required for				
admission.				
Health Status	Date verified by health care provider:			
Student is free from health problems that				
could jeopardize self or patient welfare				
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For the practitioner: I verify that the above information is true and an accurate statement of the dates on				
which the student received immunizations or showed laboratory evidence of immunity and that the				
student has no existing health problems that could jeopardize patient welfare.				
Signature:				
Date:				
A stamp from the clinic is required:				
Clinic name and address:				

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