



## 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 must be provided to the nursing program if not complete at time of application.

Student Immunization and Health Status Record			
<b>Measles (Rubeola /Red measles)/ Mumps/ Rubella (German measles)</b> 2 doses required after age 12 months or proof of immunity by titer	Month/Year	Month/Year	
<b>Varicella (Chickenpox)</b> 2 doses after age 12 months or proof of immunity by titer	Month/Year	Month/Year	
<b>Tetanus/Diphtheria (Td)</b> within past 10 years. Must show evidence of having 1 dose at/after age 18 years of <b>Tetanus/Diphtheria/Pertussis (Tdap)</b>	Month/Year		
<b>Hepatitis B</b> 2or 3 doses, depending on type of vaccine, or proof of immunity by titer. At least <b>1 dose</b> required for admission.	Month/Year Dose 1	Month/Year Dose 2	Month/Year Dose 3
<b>Health Status</b> Student is free from health problems that could jeopardize self or patient welfare	Date verified by health care provider:		

*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:**

---