Student Name: _____________________________________________ ID#: ____________________
Date: ______________     Program: ____________________________________

**NURSING/HEALTH PROFESSIONS CHECKLIST**

You have not submitted the required tests/ immunizations or program requirements. Please **IMMEDIATELY** forward documentation of the requested information to The Office of Health Services.

**Nursing/Health Professions students are not permitted to start classes or to enter the clinical area of a hospital until all immunizations, tests and medical requirements are completed.**

1. Measles, Mumps, Rubella I Vaccine
2. Measles, Mumps, Rubella II Vaccine
3. Measles Vaccine
4. Mumps Vaccine
5. Rubella Vaccine
6. Measles Titer (copy of lab report **must** be attached)
7. Mumps Titer (copy of lab report **must** be attached)
8. Rubella Titer (copy of lab report **must** be attached)

9. Tdap (within the last ten years). Alternative Tetanus vaccines, i.e. Td, do not satisfy this requirement.

10. 2-Step Tuberculin Skin Test  **OR**  Quantiferon Gold Blood Test (copy of lab report **must** be attached; 2-Step TST or Q-Gold Blood Test **must** be dated within 6 months of starting program)
11. 1-Step Tuberculin Skin Test (**must** be done every year)  **OR**  Q-Gold Blood Test (copy of lab test **must** be attached)
12. Chest X-ray (required if TST is positive; copy of x-ray report **must** be attached)

13. Varicella Titer (copy of lab report **must** be attached)
14. Varivax I Vaccine
15. Varivax II Vaccine (4-8 weeks after Varivax I)

16. Hepatitis B Vaccine:  Dose 1(date)_______ Dose 2(date)_______ Dose3(date)_______

17. Medical Exam Report (**must** be dated within 6 months of starting program)
18. Medical/Health Insurance verification