# Immunization Checklist for Nursing Majors

Proof of the following immunizations is required prior to clinicals

This form cannot be used as documentation!

Use this checklist to verify completion of immunization requirements. Students must submit provider documentation of all immunizations and titers. Immunization records must include lot #, expiration date, injection site and provider and student information. Lab reports required on all titers. If titer is equivocal or negative, it is mandatory to repeat the series.

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Date of Titer</th>
<th>POS/NEG/EQU</th>
<th>Date 1</th>
<th>Date 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMR (Measles, Mumps, Rubella)</td>
<td>Date of MMR Titer</td>
<td>POS/NEG/EQU</td>
<td>Date #1</td>
<td>Date #2</td>
</tr>
<tr>
<td>OR MMR Vaccine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella (Chicken Pox)</td>
<td>Date of VZ Titer</td>
<td>POS/NEG/EQU</td>
<td>Date #1</td>
<td>Date #2</td>
</tr>
<tr>
<td>OR Varicella Vaccine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus, Diphtheria, acellular Pertussis (Tdap)</td>
<td>Date:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seasonal Flu Vaccine (Influenza)</td>
<td>Required each flu season</td>
<td>September – March</td>
<td>Date:</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B Vaccine (series of 3 immunizations)</td>
<td>Date #1</td>
<td></td>
<td>Date #2</td>
<td>Date #3</td>
</tr>
<tr>
<td>Hepatitis A Vaccine (series of 2 immunizations)</td>
<td>Date #1</td>
<td></td>
<td>Date #2</td>
<td></td>
</tr>
<tr>
<td>Initial TB Skin Test (TST) Two-Step Within Past 12 months</td>
<td>Date Placed:</td>
<td>Date Read:</td>
<td>Results mm of induration (required)</td>
<td>NEG/POS (circle one)</td>
</tr>
<tr>
<td>(2 negative readings within 12 month period required)</td>
<td>OR Date Placed:</td>
<td>Date Read:</td>
<td>Results mm of induration (required)</td>
<td>NEG/POS (circle one)</td>
</tr>
<tr>
<td>TB documentation must include lot #, expiration date, injection site and actual mm of induration (range not accepted)</td>
<td>OR Blood Test (QuantiFERON or T-Spot) Date:</td>
<td>Results (circle one)</td>
<td>neg</td>
<td>indeterminate/borderline</td>
</tr>
<tr>
<td>All positive, indeterminate &amp; borderline blood test results require submission of a Chest X-ray report. (See back of form)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Check the website for specific information regarding immunizations and testing

[http://www.uta.edu/conhi/students/imm-prelic/index.php](http://www.uta.edu/conhi/students/imm-prelic/index.php)

Updated 9-2018
**TB testing**  
All testing must take place in the United States at a licensed medical facility.

Either a TB skin or blood test is acceptable if no previous positive results and the following criteria is met:

**TB Skin Test (TST)**
A TB skin test (TST) may be obtained if you:
- were born or lived in a country with low incidence of TB (includes the U.S., Canada, Europe and Australia)
- have never had a positive TB skin test
- do not meet any of the criteria listed for a blood test for TB (see below)

Results must include:
1. date placed
2. date read
3. reading (mm of induration)
4. interpretation (negative or positive)

**Blood Test**
A blood test (includes QuantiFERON or T-Spot) for TB screening is required if you:
- have had a positive TB skin test in the past and have not taken antibiotics or if antibiotics were taken for less than a month; and/or
- were born or lived in a country with a high incidence of TB (includes Mexico and most countries in Central America, South America, Eastern Europe, Asia and Africa); and/or
- have had BCG (Bacille Calmette-Guerin) immunization; and/or
- have/had cancer, leukemia, diabetes, kidney disease, HIV/AIDS; and/or
- take an immunosuppressive medication such as prednisone; and/or
- have a history of drug or alcohol abuse; and/or
- have been told you have/had an atypical mycobacteria infection.

**Chest X-Ray**
A Chest X-Ray for TB screening is required:

Documentation is required if results are positive (from skin or blood test) (previously or currently). Documentation must include:
1. TB skin test provided the positive results, you can submit either a blood test or a chest x-ray report
2. blood test provided the positive results, you need to submit a chest x-ray report

**OR** if you have a:
1. history of a positive TB skin test and took antibiotics for one month or more
2. positive or indeterminate/borderline TB blood test
3. Chest X-Rays (CXR) – a current CXR report is required within 365 days from the last day of the J1 term