# Immunization Checklist for Nursing Majors

**Name:** __________________________________________________  **UTA ID #:** _______________________

## PROOF OF THE FOLLOWING IMMUNIZATIONS IS REQUIRED PRIOR TO CLINICALS

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. Immunizations received after submission of this form will require additional signature or documentation.

### MMR (Measles, Mumps, Rubella)
- **Date of MMR Titer:** _____________ POS/NEG/EQU
- **OR**
  - **MMR Vaccine**
    - Date #1 _____________
    - Date #2 _____________

### Varicella (Chicken Pox)
- **Date of VZ Titer:** _______ POS/NEG/EQU
- **OR**
  - **Varicella Vaccine**
    - Date #1 _____________
    - Date #2 _____________

### Tetanus, Diphtheria, acellular Pertussis (Tdap)
- **Date:** _________________

### Seasonal Flu Vaccine (Influenza)
- **Required each flu season**
- **September – March**
- **Date:** _________________

### Hepatitis B Vaccine (series of 3 immunizations)
- **Date #1** _________________
- **Date #2** _________________
- **Date #3** _________________
- **AND**
  - **Date of Titer** _________________ POS/NEG/EQU

### Hepatitis A Vaccine (series of 2 immunizations)
- **Date #1** _________________
- **Date #2** _________________
- **OR**
  - **Date of Titer** _________________ POS/NEG/EQU

**Must be vaccinated to most current status possible prior to registering for classes.**

### Initial TB Skin Test (TST) Two-Step Within Past 12 months (2 negative readings within 12 month period required)

TB documentation must include lot #, expiration date, injection site and actual mm of induration (range not accepted)

- **Date Placed:** _____________  **Date Read:** _____________  **Results** _____ mm of induration (required)  **NEG/POS** (circle one)
- **Date Placed:** _____________  **Date Read:** _____________  **Results** _____ mm of induration (required)  **NEG/POS** (circle one)
- **OR**
  - **Blood Test** (QuantiFERON or T-Spot)  **Date:** _____________  **Results** (circle one) neg indeterminate/borderline pos

All positive, indeterminate & borderline blood test results require submission of a Chest X-ray report. (See back of form)
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) and 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