

Department of Nursing
Student Nurse Immunization Checklist

Please use this checklist to help you verify that you have all the necessary paperwork for the health requirements.

COVID-19 Vaccination

COVID-19 Vaccination Dose #1 Date: _____

COVID-19 Vaccination Dose #2 Date: _____

OR

COVID-19 Vaccine Letter of exemption

TB – Tuberculosis Test

Negative TB Skin Test #1 Date: _____ **AND**

Negative TB Skin Test #2 Date: _____

Two skin tests are needed; tests must be at least ONE week apart. One must be within the last year and the second must be within the last 3 months.

OR

Negative T-Spot blood test or Quanti-FERON-TB Gold Date Read: _____

T-Spot must be within the last 3 months.

OR

Positive TB Skin Test: _____ **AND**

Negative Chest X-Ray Date: _____

Any past, positive TB Skin Test will be acceptable for this requirement. Negative Chest X-Ray must be within last 3 months.

Measles, Mumps, & Rubella

MMR #1 Date: _____ **AND**

MMR #2 Date: _____

OR

Positive MMR Titer Date: _____

Varicella

Varicella #1 Date Given: _____ **AND**

Varicella #2 Date Given: _____

OR

Positive Varicella Titer Date: _____