College of Nursing
3800 Victory Parkway
Cincinnati, OH 45207-7351
513 745-3814

STUDENT IMMUNIZATION RECORD

I understand that my immunization record and other documentation is required in order to attend clinical courses, that it may be required for a future clinical experience/employer and that the College of Nursing is not responsible for providing submitted documentation to me. I will keep a record of my immunizations.

Student signature_____ Student name_____ DOB _____

HEALTH PROFESSIONAL: COMPLETE THIS SECTION

Please √ the appropriate box to signify that the requirement has been met. Provide additional documentation/explanation if appropriate. **Documentation of additional vaccination will be required for negative serology results**.

Disease	HCW Requirements for Immunity
MMR (Measles, Mumps, Rubella)	□ Measles Positive serology – Date _____ (lab results required) □ Mumps Positive serology – Date _____ □ Rubella Positive serology – Date _____ **OR** □ 2 MMR vaccines - Dates 1._____ 2._____
Hepatitis B	□ Positive serology – Date_____ (lab results required) **OR** □ Three doses of Hepatitis B vaccine; the first 2 doses given at least one month apart, and 3rd given at least 4 months after the 2nd **Dates of Hepatitis B Vaccine:** 1. _____ 2._____ 3._____ **OR** □ Two doses of HEPLISAV-B vaccine – 1 month apart: 1._____ 2._____
Tetanus, Diphtheria, Pertussis	□ 1 dose of Tdap (Adacel) (NOTE: Neither Td nor DTaP meet this requirement). **Date of Tdap Vaccine:** 1. _____ **If Tdap is older than 10 years, also provide date of subsequent Td Vaccine:** _____
Varicella (Chicken pox)	□ History of varicella (Chickenpox) or zoster (Shingles) Date or year: _____ **OR** □ Positive serology – Date_____ (lab results required) **OR** □ 2 doses of VZV vaccine, 4-8 weeks apart. Prior recipients of 1 dose of vaccine must receive a 2nd vaccine dose. **Dates of Chicken pox Vaccine:** 1. _____ 2._____

_____ _____ _____

Signature (physician/nurse practitioner verifying information) **Printed name** **Date signed**

NAME/ADDRESS/PHONE OF HEALTH CARE PROVIDER

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NOTE TO STUDENT: A copy of an electronic immunization record from your healthcare provider will satisfy this requirement if the document includes all necessary information.