



**MANDATORY IMMUNIZATIONS & TITERS**

Please use this form for uploading all immunization information. This form is considered a Medical Record and must be filled out correctly to be accepted.

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

This form must be filled out completely and signed by a Health Care Professional (Please include Credentials). The following Immunizations OR titers indicating immunity are **required** before entering the Nursing Program.

**Immunizations**

Vaccine	Date (MM/DD/YY)		
<b>Tdap Vaccine (Boostrix or Adacel)</b>	_____	Vaccination will not be accepted if more than 10 years old.	
<b>Measles, Mumps &amp; Rubella</b>	#1 _____	#2 _____	
<b>Varicella (Chicken Pox)</b>	#1 _____	#2 _____	
<b>Two PPD Skin Tests within 1 to 3 weeks of each other</b>	Given: ___/___/___ Read: ___/___/___	Given: ___/___/___ Read: ___/___/___	
<b>Hepatitis B</b>	#1 _____	#2 _____	#3 _____

A Quantiferon-TB Gold or TSpot can be done in place of the two step PPD, but a lab report **must** be uploaded in place of this form to CastleBranch.

**Titers**

Titers **are not** a requirement of the Nursing program, however, if done: Titers **must include** lab reports to be uploaded to CastleBranch with this form or it will be rejected. An equivocal titer will be considered **negative**. Please circle positive or negative for titer results.

Titer	Date (MM/DD/YY)		
<b>Measles, Mumps &amp; Rubella</b>	Mumps Titer: ___/___/___ <b>Positive Negative</b>	Rubeola Titer: ___/___/___ <b>Positive Negative</b>	Rubella Titer: ___/___/___ <b>Positive Negative</b>
<b>Varicella (Chicken Pox)</b>	Titer Date: ___/___/___ <b>Positive Negative</b>		
<b>Hepatitis B</b>	Titer Date: ___/___/___ <b>Positive Negative</b>		

\_\_\_\_\_  
Healthcare Provider Signature

\_\_\_\_\_  
Date