



**MANDATORY IMMUNIZATIONS & OPTIONAL 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)	Date (MM/DD/YY)	
Tdap Vaccine (Boostrix or Adacel)		_____	Vaccination will not be accepted if more than 10 years old.	
Measles, Mumps & Rubella		#1 _____	#2 _____	
Varicella (Chicken Pox)		#1 _____	#2 _____	
Hepatitis B Only one of the three options.	Vaccine 3-dose series	#1 _____	#2 _____	#3 _____
	Vaccine 2-dose series	#1 _____	#2 _____	
Two PPD Skin Tests within 1 to 3 weeks of each other <sup>1</sup>		Given: ___/___/___	Read: ___/___/___	Results: _____
		Given: ___/___/___	Read: ___/___/___	Results: _____

1. 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. If done, lab reports must 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)	Date (MM/DD/YY)	Date (MM/DD/YY)
Measles, Mumps & Rubella	Mumps Titer: _____/_____/_____ Positive    Negative	Rubeola Titer: _____/_____/_____ Positive    Negative	Rubella Titer: _____/_____/_____ Positive    Negative
	Varicella (Chicken Pox)		
Hepatitis B	Titer Date: _____/_____/_____ Positive    Negative		

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

\_\_\_\_\_  
Date