**\*\*\*PLEASE RETURN ALL FORMS TO: ROOM 3016\*\*\***

Kennesaw State University

WellStar College of Health and Human Services

WellStar School of Nursing

Immunization/Health History Requirements

**(Please note all information must be printed or typed)**

Name E-mail

KSU ID Phone Number

**Immunization History - Please List All Dates**

***~ TITERS - PLEASE ATTACH VALUES REPORT~***

* **Tetanus/Diphtheria/Pertussis (Tdap)**
* **Varicella**

Date of Positive titer

Date of immunization #1 #2

* **MMR**#1  #2

***Positive rubella titer date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Positive measles titer date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Positive mumps titer date*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

MMR medical exemption temporary\_\_\_\_\_\_\_\_ permanent\_\_\_\_\_\_\_\_\_

* **Hepatitis B** #1 #2  #3  ***Positive titer date***
* **PPD date** measurement of induration in millimeters

(Chest x-ray or Quantiferon test are only needed if you have a positive PPD)

* + **Chest x-ray date**  results
  + **Quantiferon date** results
  + Current treatment for latent TB, please include medication dose, frequency and duration

* **Flu Vaccination date**

**Please note that we require proof of immunity for Varicella, Measles, Mumps, Rubella and Hepatitis B since some of the clinical sites are requiring it. If you would like to refuse an immunization, please contact me for the refusal form.**

I certify that the information given on this form is true and correct, and I have no abnormality, limitation, or restriction not mentioned on this document. (Please see Core Performance Standards for Admission and Progression). I am also aware that clinical agencies may request a copy of health records in certain situations. If I do not have current health records on file, then I will not be allowed to attend my clinical.

Faculty signature Date signed

# Health Care Provider’s signature

# Health Care Provider’s name (Print)

# Address

# Phone Number