

George Fox University

Department of Nursing Immunization Form

Name: _____

Date: _____

DOB: _____

Instructions: Immunizations are important both for your health as well as the health and safety of your patients. You have been asked to submit the University Health Center's "Health History Form" prior to beginning your first semester of coursework at GFU. The "Nursing Student Immunization Form" is a separate, required form that asks for similar information. The two forms may appear duplicative in some instances, but it is important that you complete all necessary information below. **Once this form is complete, submit it and all required documentation to the Nursing Department.**

<i>Required Immunization:</i>	Ways to Meet the Requirement: <i>(Please check <u>one</u> for each immunization)</i>	Notes About the Immunization:
MMR (Measles/Mumps/Rubella)	<input type="checkbox"/> Received 2 measles immunizations: <i>(please read notes to the right)</i> 1 st dose: ____/____/____ Mo. Day Year 2 nd dose: ____/____/____ Mo. Day Year	<ul style="list-style-type: none"> • Attach documentation/proof to this form. Proof requires a document from a healthcare provider with health providers name, facility name, patients name, dates of immunizations. • Oregon law requires that all full-time students born on or after January 1, 1957 must have <u>two doses</u> of the measles vaccine – OR – <u>two doses</u> of the MMR vaccine on or after the first birthday. • There should be a minimum of 30 days between doses. • If you have received <u>one</u> measles and <u>one</u> MMR injection, you must get one more injection of <i>either</i> the measles vaccine or the MMR vaccine.
	<input type="checkbox"/> Received 2 MMR immunizations: 1 st dose: ____/____/____ Mo. Day Year 2 nd dose: ____/____/____ Mo. Day Year	
	<input type="checkbox"/> Age Exemption	<ul style="list-style-type: none"> • Acceptable only if born <i>before</i> January 1, 1957.
Hepatitis B	<input type="checkbox"/> Received series of immunizations <i>(please read notes to the right)</i> 1 st dose: ____/____/____ Mo. Day Year 2 nd dose: ____/____/____ Mo. Day Year 3 rd dose: ____/____/____ Mo. Day Year	<ul style="list-style-type: none"> • Attach documentation/proof to this form. Proof requires a document from a healthcare provider with health providers name, facility name, patients name, dates of immunizations. • Nursing students must have at least the first two Hepatitis B immunizations before beginning clinical. You must get your third dose approximately 6 months after your second dose. • We recommend that the three doses are received with intervals of initial, 1 month and 6 months. Intervals greater than these are also acceptable.
Tetanus/Diphtheria/Pertussis (Tdap)	<input type="checkbox"/> Received Tdap immunization on: ____/____/____ Mo. Day Year	<ul style="list-style-type: none"> • Attach documentation/proof to this form. Proof requires a document from a healthcare provider with health providers name, facility name, patients name, dates of immunizations. • Must be within the last 10 years.

Tuberculosis (TB)	<input type="checkbox"/> Received Initial Two Step- Tuberculin Skin Test (TST) 1 st test given: ___/___/___ Mo. Day Year 1 st test read: ___/___/___ Mo. Day Year 2 nd test given: ___/___/___ Mo. Day Year 2 nd test read: ___/___/___ Mo. Day Year <input type="checkbox"/> Negative <input type="checkbox"/> Positive	<ul style="list-style-type: none"> • Attach documentation/proof to this form. Proof requires a document from a healthcare provider with health providers name, facility name, patients name, dates of immunizations. • Nursing students must have an Initial Two Step TST completed not more than three months prior to the due date of this form. • Procedure for 2-step TST: <ol style="list-style-type: none"> 1) Have 1st TB test placed on forearm 2) 48-72 hours later (not earlier than or later than) have 1st TB test read 3) One to three weeks later have steps 1 and 2 repeated for 2nd test. • If you have a positive TST result, you must submit documentation that a healthcare provider has completed a review of your current health and a negative chest x-ray. • A QuantiFERON-TB Gold Test will be accepted in place of a TST skin test.
Varicella (Chickenpox)	<input type="checkbox"/> Received two immunizations: 1 st dose: ___/___/___ Mo. Day Year 2 nd dose: ___/___/___ Mo. Day Year <hr/> <input type="checkbox"/> Had blood titer drawn: Date: ___/___/___ Mo. Day Year <input type="checkbox"/> Negative <input type="checkbox"/> Positive	<ul style="list-style-type: none"> • Attach documentation/proof to this form. Proof requires a document from a healthcare provider with health providers name, facility name, patients name, dates of immunizations. • In compliance with the CDC's recommendation (June 2007), students who have not had the disease must receive two Varicella immunizations.
Influenza (Flu Shot)	<input type="checkbox"/> Most recently received flu shot: Date: ___/___/___ Mo. Day Year	<ul style="list-style-type: none"> • Submission of documentation/proof to the Department of Nursing will be required. • Required for all nursing students • Flu shots are only available in October/November each year. The Department of Nursing will provide students with information about how to complete this immunization requirement. • <u>Must be updated annually throughout the nursing program.</u>

I verify that the information on this form is true and accurate to the best of my knowledge.

Student's Signature: _____ Date: _____

Student's Name (Please Print): _____

- Direct all questions regarding this form and compliance with the immunization guidelines to Elaine Smith (esmith@georgefox.edu or 503-554-2950).
- **It is important for you to maintain your own personal health record. Keep a copy of all documentation for your records.**