

Simmons University Nursing Department
Clinical Placement Immunization Requirements for Full and Part-time Nursing Student

Name _____ Date of Birth _____ ID# _____

Required Vaccines/Titers: (Provider immunization form may be substituted)

Vaccine	Date 1	Date 2 (or results)	Date 3	Date 4
MMR (2 doses)				
OR/ Measles Titer		<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune		
OR/ Mumps Titer		<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune		
*AND Rubella Titer		<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune		
Hepatitis B (3 doses) AND				
*AND Hepatitis B Titer (Anti-HB abs)		<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune		
Tdap (1) then Td every 10 years		Td		
Varicella (2 doses) OR				
Varicella Titer		<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune		
Covid-19 Vaccines Name of Mfg. _____	#1	#2	Booster Date: _____ Mfg.: _____	
2 Step Required PPD/Tuberculosis Skin Test (Or a Blood test for TB – See below)	Planted on #1 ___/___/___	Results: _____ mm	Planted on (1-3 wks. after PPD #1) #2 ___/___/___	Results: _____ mm
T-Spot or QuantiFERON Gold for Tuberculosis *Include Report	Date: ___/___/___	Results: _____		

***Blood work showing immunity to Rubella and Hepatitis B is required for clinical placement, even with evidence of 2 MMRs and 3 Hepatitis B vaccines.**

Clinician's Signature _____

Telephone _____ Date _____