

**Simmons University
School of Nursing**

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

Name _____ Date of Birth _____ ID# _____

Entrance Date _____ Program _____

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

Vaccine	Date 1	Date 2 results)	(or Date 3	Date 4
MMR (2 doses) OR				
Measles Titer		<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune		
Mumps Titer		<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune		
Rubella Titer		<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune		
Hepatitis B (3 doses)				
Hepatitis B Titer		<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		

Two Step Tuberculosis Testing Required for Initial Clearance OR TB Blood Test:

PPD # 1 Plant Date: ___/___/___ Read: ___/___/___ Result: _____ PPD # 2 – Should be 1-3 weeks after PPD #1 PPD # 2 Plant Date: ___/___/___ Read: ___/___/___ Result: _____ If PPD is positive, results of chest X ray Date: ___/___/___ Results _____

If TB Blood Test: Result Date: _____ Result: _____ Type: _____

Clinician's Signature _____

Telephone Number: _____ Date: _____