



Eastern Oklahoma State College - Health Sciences Division Immunization Form

NURSING STUDENTS ONLY: Student Level: Generic Transition | Campus: Wilburton McAlester Idabel

Name (print or type): _____

Address: _____

Phone: _____ Date of Birth: _____

1. Tuberculin PPD Mantoux Skin Test - *Complete Item a. or b.*

a. Attach evidence of two negative tuberculin PPD tests within the last 12 months. #1 ___/___/___ #2 ___/___/___
Repeat PPD ___/___/___

b. Attach a copy of negative chest x-ray report. If positive PPD, please see handbook for guidelines. Clinical Clearance Date ___/___/___

2. Cardiopulmonary Resuscitation Certification

Basic Life Support

Date Card Issued ___/___/___
Repeat CRC ___/___/___

3. Varicella (Chickenpox)

Evidence of immunity includes any of the following:

- Written documentation of vaccination with 2 doses of varicella vaccine.
- Laboratory evidence of immunity or laboratory confirmation of disease.
- Diagnosis or verification of a history of varicella disease by a healthcare provider.
- Diagnosis or verification of a history of Herpes Zoster (Shingles) by a healthcare provider.

#1 ___/___/___ #2 ___/___/___
Test Date ___/___/___
Verification Date ___/___/___

4. Rubeola, Mumps, Rubella - *Complete Item a. or b.*

a. Attach evidence of two MMR vaccinations received at least 4 weeks apart. #1 ___/___/___ #2 ___/___/___

or

b. Attach a copy of a positive rubeola, mumps, rubella titer (blood test) lab report. Test Date (Rubeola) ___/___/___
Test Date (Mumps) ___/___/___
Test Date (Rubella) ___/___/___

5. Hepatitis B - *Complete Item a., b. or c.*

a. Attach evidence of three Hepatitis B immunizations. See handbook for guidelines. (Evidence of at least the first one must be submitted when school begins) #1 ___/___/___ #2 ___/___/___
#3 ___/___/___

or

b. Attach a copy of a positive Hepatitis B titer (blood test) lab report. Test Date ___/___/___

or

c. Attach completed official waiver obtained in your program's Student Handbook (Nursing or Respiratory Therapy). Waiver Date ___/___/___

6. Tetanus and Diphtheria - *Complete Item a. or b.*

a. Attach evidence of three childhood Diphtheria-Pertussis-Tetanus (DPT/Tdap) and one adult Tetanus-Diphtheria (Td/Tdap) within the last 10 years.

#1 ___/___/___ #2 ___/___/___ #3 ___/___/___ #4 ___/___/___

or

b. Attach evidence of three adult Tetanus-Diphtheria (Td/Tdap). See handbook for guidelines. #1 ___/___/___ #2 ___/___/___
#3 ___/___/___

7. Influenza

Attach evidence of influenza vaccination by November 1st of each academic year. Vaccination Date ___/___/___

DOCUMENTATION INSTRUCTIONS: All items must be completed and official documentation must be attached. Please submit legible copies of all documentation. Make a copy of this form and all documentation for your personal records. By signing this form, I authorize the Eastern Oklahoma State College Division of Health Sciences and its employees or agents to provide any information contained on it or in the attached documentation to any clinical sites to which I may be assigned as required.

Student's Signature: _____ Date: _____