



NURSING STUDENTS ONLY: Student Level: Generic Transition Transition-Hybrid
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. #1 ____/____/____ #2 ____/____/____
 Laboratory evidence of immunity or laboratory confirmation of disease. Test Date ____/____/____
 Diagnosis or verification of a history of varicella disease by a healthcare provider. Verification Date ____/____/____
 Diagnosis or verification of a history of Herpes Zoster (Shingles) by a healthcare provider.

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. #1 ____/____/____ #2 ____/____/____
(Evidence of at least the first one must be submitted when school begins) #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 ____/____/____ #1 ____/____/____
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 October 1st of each academic year. Vaccination Date ____/____/____

8. Covid-19 - *Complete Item a. or b.*
a. Attach evidence of Covid-19 immunizations. #1 ____/____/____ #2 ____/____/____
or
b. Attach completed official exemption. Waiver 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: _____