ALAMO COLLEGES DISTRICT
St. Philip's College
Nursing Education Department

This form cannot be used as documentation or record of immunizations!

Immunizations and Tests Required by State Law/Clinical Facilities

Use this checklist to verify completion of immunization requirements. This is for admission purposes only. Students must submit provider documentation of all immunizations and titers. A receipt will not be accepted. Lab reports required on all titers if required.

Name: _____ **Banner ID:** _____

Program: ☐**LVN/Military to ADN** ☐**Generic ADN** **Date of Birth:** _____

Measles (Rubeola),Mumps & Rubella	**A.** **Two** doses of Measles, Mumps, Rubella (MMR) vaccine on or after their first birthday and at least 28 days apart **OR**	Date #1: Date #2:
	B. Serologic test <u>positive</u> for Measles antibody	Date of Collection:_____ ☐Positive Result ☐Negative Result
	B. Serologic test <u>positive</u> for Mumps antibody	Date of Collection:_____ ☐Positive Result ☐Negative Result
	B. Serologic test <u>positive</u> for Rubella antibody	Date of Collection:_____ ☐Positive Result ☐Negative Result
Varicella	**A.** **Two** doses of Varicella vaccine on or after their first birthday and at least 28 days apart**.** **OR**	Date #1: Date #2:
	B. Serologic test <u>positive</u> for Varicella antibody	Date of Collection:_____ ☐Positive Result ☐Negative Result

Hepatitis B	A. Recombivax HB or Engerix-B Vaccine (initial dose) A. Recombivax HB or Engerix-B Vaccine Dose 2 (minimum 4 weeks after date #1) A. Recombivax HB or Engerix-B Vaccine Dose 3 (minimum 8 weeks after date #2 *<u>and</u>* minimum 16 weeks after date #1) OR	Date #1:_____ Date #2:_____ Date #3:_____
	B. Heplisav-B Vaccine (initial dose) B. Heplisav-B Vaccine Dose 2 (minimum 4 weeks after date #1) OR	Date #1:_____ Date #2:_____
	C. Serologic test <u>positive</u> for Hepatitis B antibody	Date of Collection:_____ ☐Positive Result ☐Negative Result

Tdap	**A.** Tdap—received after 6/10/05	B. Td—if Tdap is 10+ years old (must list both dates)	Date (Tdap): Date (Td):

ALAMO COLLEGES DISTRICT
St. Philip's College
Nursing Education Department

This form cannot be used as documentation or record of immunizations!

Influenza	**A.** Influenza Vaccine Lot number: _____ Expiration Date: _____ Note: Flu vaccine is required at the start of the program. It cannot be older than one year from the start of classes. See Alamo Colleges website for semester start dates.	Date Given:

Tuberculosis	A. Documentation of a negative (<10mm) tuberculin skin test (TST) within the past 90 days prior to beginning the Program **OR**	Date Given:_____ Result: ☐Positive ☐Negative
	B. Negative blood assay (QFT, TSPOT) within the past 90 days prior to beginning the Program **OR**	Date:_____ Result:_____
	C. IF prior positive blood assay, present a negative chest x-ray report within past 2 years (this must not expire prior to, or during your first semester), be free of productive cough, night sweats or unexplained loss of weight.	Date of X-Ray Collection:_____ ☐Positive Result ☐Negative Result

Note: *It is the student responsibility to ask the program for clarification when in doubt prior to submission with ADN application.*
There are no exemptions or exceptions for these requirements.
The flu season runs from September to April. Please ensure you have this vaccination completed for acceptance.

You must attach <u>copies of all vaccinations</u> provided on this form to be accepted.

Physician or Approved Licensed Health Professional Information: <u>Date of signature must be after last immunization or additional immunizations must be signed and dated separately. Validates all information above.</u>	
Printed Name	
Address	
Signature	Date