# Immunization Checklist for Nursing Majors

Name: _______________________________ UTA ID #: __________________

**PROOF OF THE FOLLOWING TITERS & IMMUNIZATIONS IS REQUIRED AT TIME OF ACCEPTANCE**

*This form cannot be used as documentation!*

Use this checklist to verify completion of immunization requirements. Students must submit provider documentation of all immunizations and titers. Immunization records must include lot #, expiration date, injection site and provider and student information. Lab reports required on all titers. If titer is equivocal or negative, it is mandatory to repeat the series.

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Date of Immune/Positive</th>
<th>Date of Equivocal/Negative</th>
<th>Date of Titer</th>
<th>Date of Positive Titer</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMR (Measles, Mumps, Rubella)</td>
<td>POS</td>
<td>NEG/EQU</td>
<td>POS/NEG/EQU</td>
<td></td>
</tr>
<tr>
<td>Varicella (Chicken Pox)</td>
<td>POS</td>
<td>NEG/EQU</td>
<td>POS/NEG/EQU</td>
<td></td>
</tr>
<tr>
<td>Tetanus, Diphtheria, acellular Pertussis (Tdap)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seasonal Flu Vaccine (Influenza)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A Vaccine (series of 2 immunizations)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B Vaccine (series of 3 immunizations)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initial TB Skin Test (TST) Two-Step Within Past 12 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*DO NOT GET THESE DONE UNTIL YOU ARE ACCEPTED and asked to complete by the Program Coordinator*

**TB documentation must include lot #, expiration date, injection site and actual mm of induration (range not accepted)**

<table>
<thead>
<tr>
<th>Date Placed</th>
<th>Date Read</th>
<th>Results</th>
<th>POS/NEG (circle one)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>mm</td>
<td>(required)</td>
</tr>
</tbody>
</table>

**OR**

Blood Test (QuantiFERON or T-Spot) Date: Results (circle one) pos neg indeterminate/borderline

All positive, indeterminate & borderline blood test results require submission of a Chest X-ray report. (See back of form)

Check the website for specific information regarding immunizations and testing

**Bachelor of Science in Nursing - College of Nursing and Health Innovation - The University of Texas at Arlington (uta.edu)**

For questions or record review contact: **BSNImmunizations@uta.edu**

Updated 6-2021
**TB testing**
All testing must take place in the United States at a licensed medical facility.

Either a TB skin or blood test is acceptable if no previous positive results and the following criteria is met:

**TB Skin Test (TST)**
A TB skin test (TST) may be obtained if you:
- were born or lived in a country with low incidence of TB (includes the U.S., Canada, Europe and Australia) and have never had a positive TB skin test
- do not meet any of the criteria listed for a blood test for TB (see below)

Results must include:
1. date placed
2. date read
3. reading (mm of induration)
4. interpretation (negative or positive)

**Blood Test**
A blood test (includes QuantiFERON or T-Spot) for TB screening is required if you:
- have had a positive TB skin test in the past and have not taken antibiotics or if antibiotics were taken for less than a month; and/or
- were born or lived in a country with a high incidence of TB (includes Mexico and most countries in Central America, South America, Eastern Europe, Asia and Africa); and/or
- have had BCG (Bacille Calmette-Guerin) immunization; and/or
- have/had cancer, leukemia, diabetes, kidney disease, HIV/AIDS; and/or
- take an immunosuppressive medication such as prednisone; and/or
- have a history of drug or alcohol abuse; and/or
- have been told you have/had an atypical mycobacteria infection.

**Chest X-Ray**
A Chest X-Ray for TB screening is required if:
Results from skin or blood test are positive (previously or currently).