



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.

MMR (Measles, Mumps, Rubella)

Date of Immune/Positive MMR Titer: _____ POS

OR

Date of Equivocal/Negative MMR Titer: _____ NEG/EQU

AND

MMR Vaccine Date #1 _____

Date #2 _____

Varicella (Chicken Pox)

Date of Immune/Positive VZ Titer: _____ POS

OR

Date of Equivocal/Negative VZ Titer: _____ NEG/EQU

AND

Varicella Vaccine Date #1 _____

Date #2 _____

Hepatitis B Vaccine (series of 3 immunizations)

Date #1 _____

Date #2 _____

Date #3 _____

AND

Date of Titer _____ POS/NEG/EQU

OR

Date of Positive Titer _____

Does not require documentation of immunizations

Tetanus, Diphtheria, acellular Pertussis (Tdap)

Date: _____

Seasonal Flu Vaccine (Influenza)

Required each flu season

September – March

Date: _____

Initial TB Skin Test (TST) Two-Step Within Past 12 months (2 negative readings within 12 month period required)

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)

Date Placed: _____ Date Read: _____ Results _____ mm of induration (required) NEG/POS (circle one)

Date Placed: _____ Date Read: _____ Results _____ mm of induration (required) NEG/POS (circle one)

OR

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

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 \(uta.edu\)](http://uta.edu)

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

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).