



College of Nursing and  
Health Innovation

**IMPORTANT:** Completion of immunizations is necessary to comply with Texas Administrative Code Title 25, P1, Ch97, Subch B, Rule §97.61 and §97.64, the Policy of UT Arlington College of Nursing and the Dallas-Fort Worth Hospital Council Foundation Regional Standards.

## Immunization Checklist for Nursing Majors

Name: _____ UTA ID #: _____	
<b>PROOF OF THE FOLLOWING TITERS &amp; IMMUNIZATIONS IS REQUIRED AT TIME OF ACCEPTANCE</b> <b style="color: red;">This form cannot be used as documentation!</b>	
Use this checklist to verify completion of immunization requirements. Students must submit provider documentation of all immunizations and titers. Immunization records must include student name and provider stamp or signature. Lab reports required on all titers. If titer is equivocal or negative, it is mandatory to get additional vaccines	
<b>MMR (Measles, Mumps, Rubella)</b> Date of Immune/Positive MMR Titer: _____ POS <div style="text-align: center;">OR</div> Date of Equivocal/Negative MMR Titer: _____ NEG/EQU AND MMR Vaccine      Date #1 _____ <div style="text-align: center;">Date #2 _____</div>	<b>Varicella (Chicken Pox)</b> Date of Immune/Positive VZ Titer: _____ POS <div style="text-align: center;">OR</div> Date of Equivocal/Negative VZ Titer: _____ NEG/EQU AND Varicella Vaccine      Date #1 _____ <div style="text-align: center;">Date #2 _____</div>
<b>Hepatitis B Vaccine (series of 3 immunizations or 2 immunizations if Heplisav-B)</b>  Date #1 _____ Date #2 _____ Date #3 _____ (if applicable) <div style="text-align: center;">AND</div> Date of Titer _____ POS/NEG/EQU <div style="text-align: center;">OR</div> Date of Positive Titer _____ Does not require documentation of immunizations	<b>Tetanus, Diphtheria, acellular Pertussis (Tdap)</b>  Date: _____
<b>Seasonal Flu Vaccine (Influenza)</b> <i>Required each flu season</i> <i>September – March</i>  Date: _____	
<b style="color: orange;">DO NOT GET THESE DONE UNTIL YOU ARE ACCEPTED and asked to complete by the Program Coordinator</b>  Blood Test (QuantiFERON or T-Spot)    Date: _____    Results (circle one)    neg    indeterminate/borderline    pos <b>All positive, indeterminate &amp; borderline blood test results require submission of a Chest X-ray report.</b>	

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](mailto:BSNImmunizations@uta.edu)

**TB testing**

All testing must take place in the United States at a licensed medical facility.

**Blood Test**

A blood test includes QuantiFERON or T-Spot.

**Chest X-Ray**

A Chest X-Ray for TB screening is required if:

Results from skin or blood test are positive (previously or currently).