



Practical Nursing Program Student Record of Immunization & Health Status Form

Student Name	Student Date of Birth
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Student Immunization and Health Status Record			
Directions for completing form: Enter the month and year for each of the boxes. When verifying and signing, <u>all boxes must be completed</u> with the exception of Hep #2 and #3, if still pending. Subsequent documentation of completed doses of Hepatitis B must be provided to the nursing program if not complete at time of application. Students are required to provide verification/documentation of all entries on this form after acceptance to the program.			
Measles (Rubeola /Red measles)/ Mumps/ Rubella (German measles) 2 doses required after age 12 months or proof of immunity by titer	Month/Year	Month/Year	
Varicella (Chickenpox) 2 doses after age 12 months or proof of immunity by titer	Month/Year	Month/Year	
Tetanus/Diphtheria (Td) within past 10 years. Must show evidence of having 1 dose at/after age 18 years of: Tetanus/Diphtheria/Pertussis (Tdap)	Month/Year		
Hepatitis B 2or 3 doses, depending on type of vaccine, or proof of immunity by titer. At least 1 dose required for admission.	Month/Year Dose 1	Month/Year Dose 2	Month/Year Dose 3
Health Status Student is free from health problems that could jeopardize self or patient welfare	Date verified by health care provider:		

Verification signature of a healthcare provider and clinic stamp is required.

For the practitioner: I verify that the above information is complete and true and is an accurate statement of the dates on which the student received immunizations or showed laboratory evidence of immunity and that the student has no existing health problems that could jeopardize patient welfare.

Signature: _____

Date: _____

A stamp from the clinic is required:

Clinic name and address:

A member of the Minnesota State Colleges and Universities system.

This information is available in alternative formats by calling 763-433-1100. TTY users can call Minnesota Relay at 800-627-3529.

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