**Texas State University - St. David’s School of Nursing**

**2018 Health Certificate**

As a student conditionally admitted to the School of Nursing, you are to complete your required immunizations and then make an appointment with your healthcare provider to complete this Health Certificate. At this appointment bring with you the 2018 Immunizations and Test Form along with documentation you have either developed an immunity or received the vaccine for: Measles, Mumps, Rubella, Varicella, Hepatitis B, Tetanus, Meningitis (if you will be 21 years or younger on Monday, August 27, 2018) and Tuberculosis.

Note: For students 22 years and older: The Meningococcal Vaccine is not required by the St. David’s School of Nursing but it is recommended. Rationale: During clinical rotations in hospitals and community centers you will be exposed to a wide variety of patients including those with meningitis.

|  |  |
| --- | --- |
| School of Nursing Student: |  |
|  | *Last* | *First* | *MI* |
| Address: |  |
|  | *Street* | *City* | *State* | *Zip* |
| Telephone: | ( ) | Date of Birth: |  **/** **/** |
|  |  |
| I have examined: |   |
|  | ***(School of Nursing Student)*** |
| and find this student to be in good physical health. Additionally, this student has either developed an immunity or received the vaccine for: Measles, Mumps, Rubella, Varicella, Hepatitis B, Tetanus, Meningitis (if student is 21 years or younger on Monday, August 27, 2018) and Tuberculosis. |
| Restrictions or Limitations (i.e. latex allergy\*) | 🞎 No | 🞎 Yes, Explain: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Telephone: |  ( ) |
| Healthcare Provider Signature: |  |
| Printed Name: |  |
| Healthcare Provider’s Address: |  |
|  | *Street* | *City* | *State* | *Zip* |

**\***If you indicated you have a latex allergy, we ask you to take responsibility for your health and complete the following:

* Contact the Office of Disability Services ([www.ods.txstate.edu](http://www.ods.txstate.edu)) at Texas State University to facilitate your accommodation of using latex free gloves.
* After the accommodation process is complete, give your documentation to Lynn Heimerl, the SON Admission and Retention Coordinator.  This documentation will be placed in your file.
* Prior to the first week of classes, alert your faculty of record for each clinical course and Dr. Chris McClanahan (ctm72@txstate.edu), Simulation Laboratories Coordinator of your latex allergy. Throughout your nursing education at St. David’s School of Nursing your accommodation will be negotiated to a reasonable extent.  Latex free gloves will be provided along with sterile latex free gloves.
* You must take responsibility for your protection. It is not possible to totally eliminate latex from the simulation labs.
* You are to bring latex free gloves to your clinical sites if they are not provided.