

**St. David's School of Nursing – Texas State University**  
**2018 Immunizations and Tests Form**

Student Name: \_\_\_\_\_ TXST ID:   A0   Date of Birth: \_\_\_\_\_

**MEASLES/MUMPS/RUBELLA VACCINE** – one of the following is required:

Two doses of the MMR vaccine at least 28 days apart.

Date #1 (mm/dd/year): \_\_\_\_\_ Date #2 (mm/dd/year): \_\_\_\_\_

OR

Serologic test positive for the Measles/Mumps/Rubella antibody.

Date of test (mm/dd/year): \_\_\_\_\_ Circle Results:      Positive      Negative

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**VARICELLA (Chicken Pox)** – one of the following is required:

Two Varicella vaccines administered 4 – 8 weeks apart.

Date #1 (mm/dd/year): \_\_\_\_\_ Date #2 (mm/dd/year): \_\_\_\_\_

OR

Serologic test positive for Varicella

Date of test (mm/dd/year): \_\_\_\_\_ Circle Results:      Positive      Negative

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**HEPATITIS B** – one of the following is required:

Three doses of vaccine administered over a period of at least 6 months. Initial vaccine followed by 1 and 6 months respectively.

Date #1 (mm/dd/year): \_\_\_\_\_

Date #2 (mm/dd/year): \_\_\_\_\_

Date #3 (mm/dd/year): \_\_\_\_\_ Note: Third vaccine must be at least 6 months from initial vaccine.

Note: The first two administrations must be completed by Monday, July 16, 2018. It is the student's responsibility to schedule the third administration. Upload documentation of the third administration onto your Castle Branch account under Immunizations and Tests Form. Documentation must include.

- Your name
- Date of birth
- Name of vaccine
- Date vaccine was administered
- Dose
- Injection site
- Lot #
- Manufacturer of vaccine
- Date of expiration
- Signature of vaccine administrator

OR

Serologic test positive for Hepatitis B

Date of test (mm/dd/year): \_\_\_\_\_ Circle Results:      Positive      Negative

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**TETANUS:** Tdap protects against Tetanus, Diphtheria, and Pertussis

This vaccine is to be given every ten years.

Date (mm/dd/year): \_\_\_\_\_ Note: Td is not acceptable.

Note: It is the student's responsibility to schedule the Tdap vaccine if it expires while in nursing school. Upload documentation onto your Castle Branch account under Immunizations and Tests Form. Documentation must include.

- Your name
- Date of birth
- Name of vaccine
- Date vaccine was administered
- Dose
- Injection site
- Lot #
- Manufacturer of vaccine
- Date of expiration
- Signature of vaccine administrator

Student Name: \_\_\_\_\_ TXST ID: A0 Date of Birth: \_\_\_\_\_

**MENINGOCOCCAL VACCINE:** Evidence of vaccination is required if a student is 21 years old or younger on the first day of the fall semester, Monday, August 27, 2018.

Date of vaccine (mm/dd/year): \_\_\_\_\_ Also submit proof of this vaccine to Texas State University.

Note: For students who are 22 years and older, the Meningococcal vaccine is not required by the St. David's School of Nursing but is recommended. Rationale: During clinical rotations in hospitals and community centers you will be exposed to a wide variety of patients including those who have Meningitis.

**TUBERCULOSIS (TB) TESTING: Must be completed between Monday, June 11, 2018 and Monday, July 16, 2018.**

2-Step TB Skin Test

First administration date (mm/dd/year): \_\_\_\_\_

Date of read (mm/dd/year): \_\_\_\_\_ Circle Results: Positive Negative

Second administration date (mm/dd/year): \_\_\_\_\_

Date of read (mm/dd/year): \_\_\_\_\_ Circle Results: Positive Negative

OR

TB Blood Test (circle test): T-Spot QuantIFERon

Date of test (mm/dd/year): \_\_\_\_\_ Circle Results: Positive Negative

Attention: Healthcare provider

If a student tests positive for TB, include a synopsis of their treatment plan with this form. If appropriate, the following are minimum requirements to be included in this plan:

- Blood test (T-Spot or QuantiFERon) if prior positive blood test
- Blood test (T-Spot or QuantiFERon) if prior BCG vaccination
- Chest X-ray within the past two years
- Current completed Tuberculosis Assessment and Symptoms Checklist. Attach the completed checklist (with student's name and DOB) as page 3 of this form.

Treatment plan for: \_\_\_\_\_  
Student's Name

Healthcare provider's printed name: \_\_\_\_\_

Business/Agency (address/city/state/zip): \_\_\_\_\_

Signature of healthcare provider: \_\_\_\_\_ Date: \_\_\_\_\_

*Signature validates all of the above information.*

*Students: After your healthcare provider completes this 2018 Immunizations and Tests Form including his/her signature, upload the completed form and your completed 2018 Health Certificate onto your Castle Branch account. Deadline is 5 p.m. on Monday, July 16, 2018.*