

**Addendum B**  
**School of Nursing – Texas State University**  
**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 at least 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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**HEPATITUS 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 respectfully.

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.

The first two administrations must be completed by stated deadlines. 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

