

SOUTHWESTERN ADVENTIST UNIVERSITY  
 IMMUNIZATION RECORDS REQUIRED FOR NURSING STUDENTS

Student \_\_\_\_\_ Date \_\_\_\_\_

Required Immunizations	Date
<b>DPT</b> (Diphtheria/Pertussis/Tetanus), Td, or <b>*Tdap within the last 10 years</b>	1. _____ 2. _____ 3. _____ * _____
<b>MMR</b> (Measles, Mumps, Rubella) 2 doses or positive titer required	1. _____ 2. _____
Proof of immunity to <b>Varicella/chicken pox</b> (3 options)	
<i>Option 1</i> History of disease (include signature and date of illness)	_____
<i>Option 2</i> Positive titer (Varicella zoster Igg)	_____
<i>Option 3</i> Vaccine - 2 doses	1. _____ 2. _____
<b>Hepatitis B</b>	
<i>Option 1</i> Vaccine – series of 3 shots	1. _____ 2. _____ 3. _____
<i>Option 2</i> Positive titer (Hepatitis B surface antibody)	_____
<b>TB Test: PPD</b> (every year) <i>or</i> <b>Chest X-ray</b> (every 3 years)	
	1. _____ 2. _____ 3. _____ 4. _____
<b>CPR for the Healthcare Provider</b> (renewed every 2 years)	
	1. _____ 2. _____ 3. _____ 4. _____

Validated by: \_\_\_\_\_ Physician  
 \_\_\_\_\_ Other