

University of South Alabama
College of Nursing
Graduate Nursing Program
Immunization and Tuberculin Skin Test

PLEASE COMPLETE THE FOLLOWING INFORMATION REGARDING IMMUNIZATION

STUDENT – PLEASE PRINT CLEARLY

Social Security Number _____

Name _____ Date of Birth _____

Home Address _____ Telephone _____

City

State

Zip Code

IMMUNIZATIONS

Requirements

- | | |
|---------------|---|
| Adult Tetanus | - Immunization is required with a booster every 10 years. |
| Rubella | - Immunization or titer demonstrating immunity is required . |
| Measles | - Immunization with 2 doses of vaccine is required if born after 1956. |
| Mumps | - Immunization is required if born after 1956. |
| Chickenpox | - Immunization or titer demonstrating immunity or a statement verifying history of disease is required . |
| Hepatitis B | - Immunization or titer demonstrating immunity is required . |

Adult Tetanus(Td) (Date of Last Booster): _____

Rubella (Date of Immune Titer): _____ or (Date of Vaccine) _____

Measles (Dates of Vaccine): _____ or (Date of Documented History of dx) _____

Mumps (Date of Vaccine): _____ or (Date of Documented History of dx) _____

Chickenpox (Date of Immune Titer): _____ or (Date of Vaccine) _____

Hepatitis B (Dates of Vaccine): _____, _____, _____

**TUBERCULIN SKIN TEST
CHEST X-RAY**

A two-step PPD tuberculin skin test is required for admission. Date _____ Results _____
(If one verifies by supporting documentation a 2-step (14 days apart) PPD in the past with yearly PPD's thereafter, a current PPD is the only requirement. Yearly PPD's are required after admission.)

Chest x-ray if indicated Date _____ Results _____

*A yearly PPD is required after the initial 2-step PPD.

(Health Care Provider Signature)

Date

DO NOT WRITE BELOW THIS LINE – FOR COLLEGE USE ONLY

Cleared for Clinical Yes _____ No _____

Signature College of Nursing _____ Date _____

UNIVERSITY OF SOUTH ALABAMA
COLLEGE OF NURSING

Nursing Student Statement of Continued Health Responsibility

I understand it is my responsibility throughout the program to keep immunizations and TB skin testing current. I agree to inform clinical instructor(s) or the department head of any health problem that could possibly affect my performance or the welfare of my patients in the clinical area. I understand that this disclosure is necessary to protect my health and well-being as well as the health and well-being of patients for whom I may provide care.

I have read the above and foregoing and understand my responsibility to advise of health status.

Any questions that I have had have been fully answered.

Signed _____ Date _____
Nursing Student

VERIFICATION OF PHYSICAL EXAMINATION

All students are required to have a physical examination prior to admission to the nursing program and yearly thereafter. Your health care provider should complete the statement below. Return the completed verification with your application packet.

I have examined _____ on _____
(Student) (Date)

and have determined that there are no health related reasons which would prohibit this student from participating in the University of South Alabama College of Nursing program.

Health care provider signature

Printed Name

Printed Title

**UNIVERSITY OF SOUTH ALABAMA
COMMUNICABLE DISEASE STATEMENT
AND WAIVER OF LIABILITY
RN TO BSN AND GRADUATE PROGRAMS**

During your course of study in Nursing, you may come into contact with patients who have communicable diseases, including patients who are HIV positive or who have hepatitis. You may be exposed to blood or other potentially infectious materials. You will be expected to assume the responsibility for using universal precautions to minimize the risk of disease transmission.

Because you may be at risk of acquiring hepatitis B viral infection, it is required that you be vaccinated with hepatitis B vaccine prior to entry into clinical/practicum nursing courses. This vaccination will be at your own expense.

Your signature below verifies that you have received instruction on universal precautions. The education you received included the following:

1. An explanation of the epidemiology, modes of transmission, and symptoms of blood borne diseases.
2. A discussion of tasks that may create exposure to blood and body fluids, and methods to reduce exposure through use of protective devices and work practices.
3. Information on the types, proper uses, locations, removal, handling, decontamination, and disposal of personal protective equipment.
4. Information on the hepatitis B vaccine, including its efficacy, safety, method of administration, benefits of vaccination, and how to obtain the vaccine.
5. Information on post exposure evaluations and medical follow-up procedures following an accidental exposure.
6. An explanation of signs/labels and color-coding used to designate hazards in the lab and health care agency.
7. Appropriate reporting procedure should an exposure occur.

I understand that compliance with safety and training requirements is mandatory and the failure on my part to comply may result in my dismissal from the program. I assume the risk (including financial responsibility) of infection inherent in the profession I have chosen. In addition, I hereby release and hold harmless the University, its College of Nursing, its trustees, directors, officers, faculty members and clinical agencies and administrators, employees, servants, and agents, from any and all liability resulting there from.

I have read and understand the statements above. I understand that I may be caring for patients with communicable diseases and may be exposed to potentially infectious materials.

Student Signature

Date

College of Nursing Representative Signature

Date

I have not received instructions on universal precautions. I request the CON provide instruction for me.

Student Signature

Date