

ENROLLMENT WILL NOT BE APPROVED FOR STUDENTS WITH INCOMPLETE RECORDS. HOLDS WILL BE PLACED ON STUDENT ACCOUNT.

Failure to do so prior to the enrollment deadline will prevent enrollment in coursework. There are no exceptions. Complete items 1 through 8.

HISTORY OF HAVING THE DISEASE WILL NOT FULFILL ANY REQUIREMENTS.

1. **Tuberculin PPD Mantoux Skin Test** - COMPLETE ITEM a or b & i-ii

a. Evidence of two negative tuberculin PPD tests within the last 12 months.
 Must be renewed every 12 months while enrolled in nursing courses.

Test #1 Date Placed: _____ Date Read: _____
 Results: Neg Pos

Test #2 Date Placed: _____ Date Read: _____
 Results: Neg Pos

or

b. Evidence of a positive tuberculin PPD (Mantoux) test

i. A copy of a follow-up negative chest x-ray report Positive Test Date: _____

ii. Did you receive isoniazid-based therapy: ___Yes ___No X-Ray Date: _____

iii. A copy of last annual review of symptoms (must be updated every 12 months) Last Annual Review of Symptoms: _____

Students must maintain current TB Skin Test documentation. Documentation expires after 12 months.

2. **Cardiopulmonary Resuscitation Certification**
American Heart Association BLS CPR Card. Front and Back. Date Card Issued _____/_____/_____
 NOTE TO TRADITIONAL (2-Year BSN) and ABSN (14-month) STUDENTS: *your certification will only be considered valid for 12 months from date of issuance*

3. **Varicella** (chickenpox) - Complete item a or b #1 _____/_____/_____ #2 _____/_____/_____

a. Evidence of two varicella immunizations received at least 4 weeks apart **or**

b. Evidence of a positive varicella titer (blood test) or Titer Date _____/_____/_____
 Titer Results: Neg Pos

4. **Rubeola** - Complete item a or b #1 _____/_____/_____ #2 _____/_____/_____

a. Evidence of two MMR vaccinations received at least 4 weeks apart **or**

b. Evidence of a positive rubeola titer (blood test) or Titer Date _____/_____/_____
 Titer Results: Neg Pos

5. **Mumps** - Complete item a or b #1 _____/_____/_____ #2 _____/_____/_____

a. Evidence of two MMR vaccinations received at least 4 weeks apart **or**

b. Evidence of a positive mumps titer (blood test) or Titer Date _____/_____/_____
 Titer Results: Neg Pos

6. **Rubella** - Complete item a or b #1 _____/_____/_____ #2 _____/_____/_____

a. Evidence of two MMR vaccinations received at least 4 weeks apart **or**

b. Evidence of a positive rubella titer (blood test) or Titer Date _____/_____/_____
 Titer Results: Neg Pos

7. **Hepatitis B** - Complete item a, b, or c. #1 _____/_____/_____ #2 _____/_____/_____ #3 _____/_____/_____

a. Evidence of three hepatitis B immunizations administered in 6 month sequence
(Two must be completed before enrollment and the third can be completed during the semester) **or**

b. Evidence of a positive hepatitis B titer (blood test) **or** Titer Date _____/_____/_____
 Titer Results: Neg Pos

c. Completed official waiver obtained from College of Nursing or Waiver Date _____/_____/_____

NOTE: Students are strongly urged to complete this life-saving immunization.

8. **Tetanus, Diphtheria, and Pertussis (Tdap)** - Complete item a, b or c #1 _____/_____/_____ #2 _____/_____/_____ #3 _____/_____/_____ #1 _____/_____/_____

a. Evidence of three childhood Diphtheria-Pertussis-Tetanus (DPT) and one adult Tetanus-Diphtheria (Td) (within the last 10 years)

or

b. Evidence of the one adult TD (within the last 10 years) and a completed DPT waiver obtained from College of Nursing Date _____/_____/_____ Waiver _____/_____/_____

or

c. Attach evidence of two adult Tetanus-Diphtheria (Td) #1 _____/_____/_____ #2 _____/_____/_____

8.B- **TULSA STUDENTS ONLY-**

a. Evidence of one Tetanus-Diphtheria-Pertussis (Tdap) Tdap #1 _____/_____/_____

Tetanus, childhood DPT, and DTap cannot be used in lieu of Tdap

b. If Tdap is more than ten years old...
 Evidence of one Tetanus (Td) within the last ten years. Tetanus #1 _____/_____/_____

Vaccination Allergy Information: If a student has a documented allergy to any of the above vaccine requirements, documentation from a medical provider must be submitted with this form. Students completing clinical rotations may need to meet additional requirements as provided by the clinical agency to the student.

DOCUMENTATION INSTRUCTIONS:

- This sheet is to be used as a guide to help you determine you've received all immunizations needed. THIS SHEET WILL NOT TAKE THE PLACE OF OFFICIAL IMMUNIZATION RECORDS.
- HISTORY OF HAVING THE DISEASE WILL NOT FULFILL ANY OF THE REQUIREMENTS.
- **All submitted copies become the property of the University of Oklahoma. No records will be copied at a future date for student use. Any requests to view the records submitted by the student must be directed to the Office of Admissions & Records and may take 45 days to process. Please contact the Office of Admissions & Records at (405) 271-2359 to view any records. Again, no copies will be made.**