



NURSING STUDENTS ONLY: Student Level: ☐ Generic ☐ Transition ☐ Transition-Hybrid

Campus: ☐ Wilburton ☐ McAlester ☐ Idabel

Name (print or type): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. Tuberculin PPD Mantoux Skin Test - *Complete Item a. or b.*

a. Attach evidence of two negative tuberculin PPD tests within the last 12 months.

#1 \_\_\_\_/\_\_\_\_/\_\_\_\_ #2 \_\_\_\_/\_\_\_\_/\_\_\_\_  
Repeat PPD \_\_\_\_/\_\_\_\_/\_\_\_\_

b. Attach a copy of negative chest x-ray report. If positive PPD, please see handbook for guidelines.

Clinical Clearance Date \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Cardiopulmonary Resuscitation Certification

☐ Basic Life Support

Date Card Issued \_\_\_\_/\_\_\_\_/\_\_\_\_  
Repeat CRC \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Varicella (Chickenpox)

Evidence of immunity includes any of the following:

- ☐ Written documentation of vaccination with 2 doses of varicella vaccine.  
☐ Laboratory evidence of immunity or laboratory confirmation of disease.

#1 \_\_\_\_/\_\_\_\_/\_\_\_\_ #2 \_\_\_\_/\_\_\_\_/\_\_\_\_  
Test Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Verification Date \_\_\_\_/\_\_\_\_/\_\_\_\_

4. Rubeola, Mumps, Rubella - *Complete Item a. or b.*

a. Attach evidence of two MMR vaccinations received at least 4 weeks apart.

#1 \_\_\_\_/\_\_\_\_/\_\_\_\_ #2 \_\_\_\_/\_\_\_\_/\_\_\_\_

**or**

b. Attach a copy of a positive rubeola, mumps, rubella titer (blood test) lab report.

Test Date (Rubeola) \_\_\_\_/\_\_\_\_/\_\_\_\_  
Test Date (Mumps) \_\_\_\_/\_\_\_\_/\_\_\_\_  
Test Date (Rubella) \_\_\_\_/\_\_\_\_/\_\_\_\_

5. Hepatitis B - *Complete Item a., b. or c.*

a. Attach evidence of three Hepatitis B immunizations. See handbook for guidelines.  
(Evidence of at least the first one must be submitted when school begins)

#1 \_\_\_\_/\_\_\_\_/\_\_\_\_ #2 \_\_\_\_/\_\_\_\_/\_\_\_\_  
#3 \_\_\_\_/\_\_\_\_/\_\_\_\_

**or**

b. Attach a copy of a positive Hepatitis B titer (blood test) lab report.

Test Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**or**

c. Attach completed official waiver obtained in your program's Student Handbook (Nursing or Respiratory Therapy).

Waiver Date \_\_\_\_/\_\_\_\_/\_\_\_\_

6. Tetanus and Diphtheria - *Complete Item a. or b.*

a. Attach evidence of three childhood Diphtheria-Pertussis-Tetanus (DPT/Tdap) and one adult Tetanus-Diphtheria (Td/Tdap) within the last 10 years. #1 \_\_\_\_/\_\_\_\_/\_\_\_\_ #2 \_\_\_\_/\_\_\_\_/\_\_\_\_ #3 \_\_\_\_/\_\_\_\_/\_\_\_\_ #4 \_\_\_\_/\_\_\_\_/\_\_\_\_

**or**

b. Attach evidence of three adult Tetanus-Diphtheria (Td/Tdap). See handbook for guidelines.

#1 \_\_\_\_/\_\_\_\_/\_\_\_\_ #2 \_\_\_\_/\_\_\_\_/\_\_\_\_  
#3 \_\_\_\_/\_\_\_\_/\_\_\_\_

7. Influenza

Attach evidence of influenza vaccination by October 1st of each academic year.

Vaccination Date \_\_\_\_/\_\_\_\_/\_\_\_\_

8. Covid-19 - *Complete Item a. or b.*

a. Attach evidence of Covid-19 immunizations

#1 \_\_\_\_/\_\_\_\_/\_\_\_\_ #2 \_\_\_\_/\_\_\_\_/\_\_\_\_

**or**

b. Include statement of medical or religious exemption.

Waiver Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**DOCUMENTATION INSTRUCTIONS:** All items must be completed and official documentation must be attached. Please submit legible copies of all documentation. Make a copy of this form and all documentation for your personal records. By signing this form, I authorize the Eastern Oklahoma State College Division of Health Sciences and its employees or agents to provide any information contained on it or in the attached documentation to any clinical sites to which I may be assigned as required.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_