



# Undergraduate Nursing Student Placement Health Screening Form

Students and instructors must meet the following requirements before starting their placements:

- Rubeola (Measles): Vaccinated or Titers showing immunity
- Rubella (German Measles): Vaccinated or Titers showing immunity
- Varicella: Vaccinated or Titers showing immunity
- Mumps: Vaccinated or Titers showing immunity
- Tuberculosis: PPD negative or chest x-ray negative (within one year and 3 months of projected start date, two tests total)
- Proof of Hepatitis B (strongly recommend Hepatitis B screening and vaccination)
- Seasonal Flu (flu season only, required during flu season)

**Directions:** The instructor or a school representative must complete and submit this form to the Student Placement Coordinator at the beginning of each clinical rotation. Place a checkmark in the appropriate columns for each student and instructor.

School: \_\_\_\_\_ Instructor: \_\_\_\_\_

Semester/Year: \_\_\_\_\_ Assigned Clinical Unit(s): \_\_\_\_\_ Preceptor: \_\_\_\_\_

Student = S Instructor = I  Last Name, First Name	Serologic Evidence of Positive Titers for:				Influenza Immunization	Tuberculosis Documentation		Hepatitis B (Strongly recommended)	
	Rubeola	Rubella	Varicella	Mumps	Seasonal Flu	Annual <b>negative</b> skin test and w/in 3 months <b>or</b>	A <b>positive</b> skin test & annual negative TB symptom review with baseline negative chest x-ray	Hep B Natural Immunity <b>or</b>	Documentati on of completion of Hep B vaccine series

I certify that I have cleared the above students and instructors for clinical experience in accordance with the Department of Public Health immunization and screening guidelines. The above named immunization/screening records are available upon request. I understand that failure to comply with any of the above requirements may result in cancellation of the clinical placement.

\_\_\_\_\_  
Signature of School Instructor

\_\_\_\_\_  
Date