

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	
	Rubeola	Rubella	Varicella	Mumps	Seasonal Flu	Annual negative skin test w/in 3 months or	A positive skin test & annual negative TB symptom review with baseline negative chest x-ray	Hep B Natural Immunity or	Documentation 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