

Required Student Immunization Form (2 sided)
Enter all data, including dates. Incomplete forms will be returned.

Last Name	First Name	Middle Initial	Date of Birth	NU ID # (if known)
Permanent Address	City	State	Zip	Phone Number
Program	Semester	Year	Email—Required	

MMR Rubeola, Mumps, Rubella (Measles, Mumps, German Measles)	Evidence of 2 doses of MMR at least 4 weeks apart OR Evidence of immunity documented by antibody titer. (If titer is not positive, a booster is required.)	Date 1st MMR ____/____/____ MM DD YY	Date 2nd MMR ____/____/____ MM DD YY	Titer Date ____/____/____ MM DD YY <input type="checkbox"/> Immune <input type="checkbox"/> Not Immune	Booster Date ____/____/____ MM DD YY
Chicken Pox (Varicella)	Evidence of 2 doses of varicella given at least 4 weeks apart. OR Evidence of immunity documented by antibody titer. (If titer is not positive, a booster is required.)	Date 1st Varicella Vaccination ____/____/____ MM DD YY	Date 2nd Varicella Vaccination ____/____/____ MM DD YY	Titer Date ____/____/____ MM DD YY <input type="checkbox"/> Immune <input type="checkbox"/> Not Immune	Booster Date ____/____/____ MM DD YY
Tetanus/ Diphtheria/ Pertussis	Evidence of 1 Tdap after their 18 th birthday. * AND Evidence of a Td booster if more than 10 years from last Tdap or Td <i>*See UNMC Immunization Policy for individuals 18 years of age or younger.</i>	Tdap (required) ____/____/____ MM DD YY	Td Booster Date If Tdap or Td more than 10 years ago ____/____/____ MM DD YY		
Tuberculosis Screening (Must be within 6 months prior to registration and yearly thereafter) <input type="checkbox"/> Coming from outside the US <input type="checkbox"/> Received BCG as a child ____/____/____ MM DD YY <input type="checkbox"/> Screening form completed	Category 1: Evidence of 2 consecutive years of negative TB skin tests. One test must be within 6 months prior to registration.			#1 Date Negative: ____/____/____ MM DD YY ____ mm induration	
	OR			#2 Date Negative: ____/____/____ MM DD YY ____ mm induration	
	Category 2: Students who have NOT had 2 PPD skin tests in the past 2 years must have a 2-step PPD within 6 months prior to registration. (A 2 step PPD is defined as 2 negative skin tests done at least 7 days apart.)			#1 Date Negative: ____/____/____ MM DD YY ____ mm induration	
	Category 3: Students who were given BCG as a child but have not had a positive PPD should have the two-step PPD skin test performed. If the PPD is positive, the student should have the IGRA testing performed. (International students without access to IGRA** blood testing may submit evidence of a negative chest radiograph taken within 6 months prior to registration [see next page]. Students should be screened at the Student Health Center upon arrival at UNMC)			#2 Date Negative: ____/____/____ MM DD YY ____ mm induration	
				Gamma interferon Release Assay: Test Date: ____/____/____ Result: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal MM DD YY (explain): _____	
	Category 4: Students who have had a positive skin test in the past (including those who received BCG as a child), must have documentation of an IGRA** within 6 months prior to registration. IGRA blood testing will be used to meet the requirement for yearly TB screening. (International students without access to IGRA* blood testing may submit evidence of a negative chest radiograph taken within 6 months prior to registration. Students should be screened at the Student Health Center upon arrival at UNMC) **Interferon-Gamma Release Assay (IGRA) - One example is QuanteFERON Gold			Gamma interferon Release Assay Test Date: ____/____/____ MM DD YY Result: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal (explain): _____	

For any **POSITIVE TB test (PPD, IGRA) or history of tuberculosis**, provider must document steps taken:

Chest X-ray date: ___/___/___ Result: Normal Abnormal (explain): _____
MM DD YY

INH Treatment Dates: _____ to _____

Hepatitis B	<p>Evidence of Hepatitis B immunity shall be documented by a Hepatitis B surface antibody titer (blood test) 1 – 2 months after completion of a 3- dose series.</p> <p>A student whose Hepatitis B surface antibody titer is deemed negative after having received the first series of 3 Hepatitis B vaccinations will undergo a second series of 3 Hepatitis B vaccinations. 1-2 months after the completion of the second 3-dose series, a repeat Hepatitis B surface antibody titer will be drawn. If the antibody titer remains negative, testing for active hepatitis B infection should be conducted (HBsAg and Anti HBc). If active Hepatitis B infection is not present, the individual is considered to be a “non-responder.”</p> <p>Students with documentation of at least one Hepatitis B vaccinations will be allowed to register for and attend classroom courses (courses with no exposure to blood or body fluids). Students may register for and attend clinical courses after documentation of the second Hepatitis B vaccination.</p> <p>You must complete the Hepatitis B requirements by the end of the first year.</p>	#1 Date ___/___/___ <small>MM DD YY</small>	#2 Date ___/___/___ <small>MM DD YY</small>	#3 Date ___/___/___ <small>MM DD YY</small>	Titer Date ___/___/___ <small>MM DD YY</small> <input type="checkbox"/> Immune <input type="checkbox"/> Not Immune
		#1 Date ___/___/___ <small>MM DD YY</small>	#2 Date ___/___/___ <small>MM DD YY</small>	#3 Date ___/___/___ <small>MM DD YY</small>	Titer Date ___/___/___ <small>MM DD YY</small> <input type="checkbox"/> Immune <input type="checkbox"/> Not Immune
Polio	<p>If a student will be going on trips outside the western hemisphere, then the student must be vaccinated or obtain a serologic study to document immunity to the three poliovirus serotypes (P1, P2, and P3). Student coming from Asia or Africa must provide documentation of vaccination against polio.</p>		Vaccine Date ___/___/___ <small>MM DD YY</small>	Titer Date: ___/___/___ <small>MM DD YY</small>	<input type="checkbox"/> Immune to P1 <input type="checkbox"/> Immune to P2 <input type="checkbox"/> Immune to P3
Flu Vaccine	<p><i>College of Nursing Only</i> Recommended for all students, REQUIRED for ALL NURSING STUDENTS BY DECEMBER 1.</p>		Vaccine Date ___/___/___ <small>MM DD YY</small>		

I verify that the immunization records are complete and accurate to the best of my knowledge. I authorize UNMC to release this record to clinical agencies to which I am assigned for student experiences.

Signature of Student: _____ Date: _____

Signature of Health Care Provider: _____ Date: _____

Print Health Care Provider Name: _____ Provider Phone #: _____

Print Health Care Provider Address, City and State: _____

Please scan (the above two pages, or both sides of single sided form) and email, fax, or mail to the address below. **Keep a copy of the completed form for your records.**

UNMC RSE
 984275 Nebraska Medical Center
 Omaha, NE 68198-4275
 Phone: (402) 559-3809 Fax: (402) 559-6796 E-mail: Jennifer.kubila@unmc.edu

All nonessential information will be destroyed as per HIPAA/FERPA guidelines. All immunization records are kept confidential in the Student Health Office. After initial proof of immunity, required UNMC annual TB screening will be provided through scheduled clinics at the Student Health Clinic. For help with any questions regarding immunization requirements, please contact UNMC Student Health at (402) 559-5158 or (402) 559-5691 or by e-mail at studenthealth@unmc.edu.

NOTE: YOU WILL NOT BE ALLOWED TO REGISTER FOR CLASSES UNTIL ALL REQUIRED IMMUNIZATION INFORMATION IS RECEIVED AND PROCESSED. FORMS RECEIVED LESS THAN A MONTH BEFORE THE START OF CLASSES MAY NOT BE PROCESSED IN TIME TO REGISTER WITHOUT A LATE REGISTRATION FEE.