Kennesaw State University -Wellstar School of Nursing

Immunization History – Please Print All Dates

~ LAB REPORTS WITH VALUES MUST BE ATTACHED FOR ALL TITERS~

- **Tetanus/Diphtheria/Pertussis (Tdap)** _____
- **Varicella:** Date of immunization #1_____ #2 _____ **or**
  Date of Positive titer _____
- **MMR:** Date of immunization #1 _____ #2 _____ **or**
  Positive rubella titer date_____
  Positive measles titer date_____
  Positive mumps titer date_____
  MMR medical exemption temporary_____ permanent_____
- **Hepatitis B** #1 _____ #2 _____ #3_____ ***Positive titer date*** _____
  Please note that we require proof of immunity for Hepatitis B as many of the clinical sites require it
- **TB Testing: PPD date** _____ measurement of induration in millimeters ____ mm
  (Chest x-rays are only needed if you have a positive PPD and a positive QuantiFERON Gold) **or**
  Chest x-ray date _____ results _____ **(**Attach MD report) **or**
  QuantiFERON or TSpot date _____ results (*lab results must be attached*) **or**
  Treatment for latent TB, please include medication dose, frequency, and duration
  _____
- **COVID-19 vaccine: Manufacturer** _____ #1 _____#2 _____
  (if required by the facility you will be attending)
- **Flu Vaccination date for the current flu season**: _____

I certify that the information given on this form is true and correct, and I have no abnormality, limitation, or restriction not mentioned on this document. I am also aware that clinical agencies may request a copy of health records in certain situations. If I do not have current health records on file, then I will not be allowed to take students to their clinical.

_____ _____

Faculty signature Date signed

_____

Printed Name Email KSU ID

Health Care Provider's signature _____

Health Care Provider's name (Print) _____

Facility Address _____

Phone Number _____

If you will be attending a facility that uses ACEMAPP for their credentialing, please upload this completed form with all the signatures to ACEMAPP. If you will not be attending a facility that uses ACEMAPP, please email the form (as an attachment) to nu_medrecords@kennesaw.edu and we will keep in on file in the office.