Indiana University School of Nursing Health Requirements for Matriculation

For the protection of students and the patients with whom they will come in contact during training, all entering students must meet established health requirements. **IMMUNIZATION DOCUMENTATION IS DUE NO LATER THAN 30 DAYS PRIOR TO START OF CLASSES!** Please print the Immunization Checklist form, ensure all required and applicable documentation is attached, and send the documents to IUPUI Campus Health as follows:

Scanning: healthsv@iupui.edu  OR  Fax: 317-278-6929

*PLEASE NOTE - When corresponding via email, include Last Name, First Name, School, and Graduation Class in the Subject Line*

1. **Immunization Checklist Form:**

   Copies of clinical records MUST be attached for each vaccine or lab test to be considered VALID.

   - **Hepatitis B** – The vaccine is administered in a series of 3 injections at 0, 1, and 6 months. Students admitted at least 6 months prior to the beginning of classes must provide documentation of completion of the series OR proof of an immune Hepatitis B antibody titer. Students admitted later must at least provide documentation of starting the series prior to attending class. All students must show evidence of having begun the series at the time this form is due.

   - **Hepatitis C Screening** – proof of a Hepatitis C antibody titer is required. If your titer is positive, please see your school administrator.

   - **Measles, Mumps, Rubella (MMR)** – Proof of 2 vaccinations at least 28 days apart OR proof of an immune antibody titer for EACH disease is required. *If you have received individual vaccinations for Measles, Mumps, or Rubella, proof of 2 vaccinations for each individual disease is required.*

   - **Tetanus/Diptheria and Acellular Pertussis (TDaP)** – One lifetime booster as an adult is required. The TDaP vaccination was first available in 2005. Submit a TD every ten years after a TDap after 2005.

   - **Varicella (Chicken Pox)** – Proof of 2 vaccinations at least 28 days apart OR proof of an immune Varicella antibody titer is required.

   - **Tuberculosis** – Prior to beginning classes, new students must have two completed PPD Tuberculin skin tests (TST) if there is no documented proof of a positive TST in the past. The placement of the TSTs must be ≥14 days apart. Step 1 must be within 18 months of matriculation and step 2 must be after May 1st of the year of matriculation. **One interferon gamma release assay (IGRA) completed after May 1st may be substituted for the 2 TSTs.** Also, if there is a known history of BCG vaccination, an IGRA blood test is preferred over TST placements.

   The following must be included on the TST documentation in order to be considered valid:
   1. DATE and TIME of Placement
   2. DATE and TIME of Reading (must be within 48-72 hours of placement)
   3. Results recorded in "mm"
   4. Placement/Read/Documentation signed by certified medical personnel

   **EXAMPLE OF VALID DOCUMENTATION:**

<table>
<thead>
<tr>
<th>Date Placed</th>
<th>Time Placed</th>
<th>PPD Lot #</th>
<th>Exp Date</th>
<th>Location</th>
<th>Placed By:</th>
<th>Date Read</th>
<th>Time Read</th>
<th>Results (mm)</th>
<th>Read By:</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/16/13</td>
<td>1252</td>
<td>123456</td>
<td>12/2015</td>
<td>RFA</td>
<td>MER, RN</td>
<td>02/18/13</td>
<td>1309</td>
<td>0mm</td>
<td>TPW, LPW</td>
</tr>
<tr>
<td>07/01/13</td>
<td>1501</td>
<td>123456</td>
<td>12/2015</td>
<td>LFA</td>
<td>RAF, RN</td>
<td>07/04/13</td>
<td>1246</td>
<td>0mm</td>
<td>TPW, LPW</td>
</tr>
</tbody>
</table>

   If there is history of a positive TST or IGRA in the past, documentation of the positive result and evidence of any chest x-ray and medical treatment received must be provided. Also, for a newly positive TST or IGRA, evidence of a chest x-ray is required along with documentation of any medical treatment prescribed. A TB Symptom Questionnaire located on the IUPUI Campus Health website must also be completed and submitted with your documentation.

2. An annual physical exam is required. Download the “Certification of Physical Examination and Clearance for Participation in Clinical Nursing Education Program” form from IUSN. Documentation must be completed within the past 12 months and signed by a medical professional. Renewal date is one year from the last exam.

**FYI** – All students will be required to participate in annual academic year TB Surveillance and Flu vaccination while attending IU School of Nursing.
**INCOMPLETE PACKETS ARE NOT ACCEPTABLE**  
You will be contacted via email once your documentation is received and reviewed!

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**IUPUI**  
School of Nursing  
Student Immunization Checklist

Name (PRINT LEGIBLY): ____________________ ____________________ _____   Date of Birth: ______ / ______ / ______  
Gender:  M / F   Student ID#:________________________   Phone:(_____)____________________  
Program Start Date: ______ / ______   Graduating Class of: _________   University Email:_______________________  

**Declaration Statement**  
IUPUI Campus Health and the School require you to provide documentation of the following vaccinations at least 30 days prior to the start of your program. Failure to submit the appropriate documentation may delay or prevent your ability to start your program. We highly recommend you submit your documentation as early as possible. We are not responsible if you submit documentation at the last minute that does not meet requirements.

**Copies of clinical records MUST be attached for each vaccine dose or lab test**

<table>
<thead>
<tr>
<th>Vaccination</th>
<th>Requirement</th>
<th>Evidence of Immunity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td>THREE doses are required OR a positive antibody titer (HBsAb)</td>
<td>Hepatitis B Titer</td>
</tr>
<tr>
<td>Vaccinations: #1 #2 #3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>antibody titer (HCAb)</td>
<td></td>
</tr>
<tr>
<td>Vaccinations:</td>
<td></td>
<td>Hepatitis C titer</td>
</tr>
<tr>
<td>MMR (Measles, Mumps, Rubella)</td>
<td>TWO doses are required at least 28 days apart OR a positive antibody titer (IgG) for each</td>
<td>Measles Titer, Mumps Titer, Rubella Titer</td>
</tr>
<tr>
<td>Vaccinations: #1 #2 #3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TDaP (Tetanus/Diptheria and Acellular Pertussis)</td>
<td>ONE dose is required within the last 10 years</td>
<td></td>
</tr>
<tr>
<td>Vaccination: #1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella (Chicken Pox)</td>
<td>TWO doses are required at least 28 days apart OR a positive antibody titer (IgG)</td>
<td>Varicella Titer</td>
</tr>
<tr>
<td>Vaccinations: #1 #2 #3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

New students must have two completed PPD Tuberculin skin tests (TST) if there is no documented proof of a positive TST in the past. The placement of the TSTs must be ≥14 days apart. **Date/Time of TST placement, date/time of TST read within 48-72 hours, and results recorded in "mm" MUST be recorded on the attached documentation or it is not valid!** One IGRA blood test (T-Spot or Quantiferon Gold) completed after May 1st may be substituted for the TSTs. If there is a known history of BCG vaccination, an IGRA blood test is preferred over TST placements.

**TB Screening:**  
TWO PPD skin tests are required if no history of positive TST OR one IGRA blood test may be substituted  
Step 1: (not >18 months before matriculation)  
Step 2: (After May 1st of year of matriculation): OR an IGRA after May 1st  

- If there is history of a positive TST or IGRA in the past, documentation/evidence of the positive result and evidence of any chest x-ray and medical treatment received must be provided. Also, for a newly positive TST or IGRA, evidence of a chest x-ray is required along with documentation of any medical treatment prescribed. A TB Symptom Questionnaire must also be completed.

**Positive History for TB Screening:**  
If documented history of positive TST or IGRA, documentation/evidence of the positive result, Chest X-Ray, and completed TB Symptom Questionnaire are required  
Positive PPD skin test or IGRA:  
Follow Up Treatment: Chest XR Antibiotic Therapy (INH) taken? Yes No TB Symptom Questionnaire