



IMPORTANT: Completion of immunizations is necessary to comply with Texas Administrative Code Title 25, P1, Ch97, Subch B, Rule §97.61 and §97.64, the Policy of St. Philip's College ADN Nursing and the San Antonio Clinical Facility Standards.

Immunization Checklist for ADN Program Applicants:

Name: _____ Banner ID #: _____

PROOF OF THE FOLLOWING TITERS & IMMUNIZATIONS IS REQUIRED AT TIME OF ACCEPTANCE

This form cannot be used as documentation or record of immunizations!

Use this checklist to verify completion of immunization requirements. This is for admission purposes only. Students must submit provider documentation of all immunizations and titers. Immunization records must include lot #, expiration date, injection site and provider and student information. A receipt will not be accepted. Lab reports required on all titers. If titer is equivocal or negative, it is mandatory to repeat the series.

MMR (Measles, Mumps, Rubella)

Date of Immune/Positive MMR Titer: _____ POS

OR

Date of Equivocal/Negative MMR Titer: _____ NEG/EQU **AND**

MMR Vaccine Date #1 _____

Date #2 _____

Varicella (Chicken Pox)

Date of Immune/Positive VZ Titer: _____ POS

OR

Date of Equivocal/Negative VZ Titer: _____ NEG/EQU **AND**

Varicella Vaccine Date #1 _____

Date #2 _____

Hepatitis B Vaccine (series of 3 immunizations)

Date #1 _____

Date #2 _____

Date #3 _____

Date of Titer _____ POS/NEG/EQU

OR

Date of Positive Titer _____

*Does not require documentation of immunizations

Tetanus, Diphtheria, acellular Pertussis (Tdap)

Date: _____

Seasonal Flu Vaccine (Influenza)

Required each flu season September –April

Date: _____

Meningitis Vaccine if under 22 years of age

Date: _____

Initial TB Skin Test (TST) Within Past 12 months

TB documentation must include lot #, expiration date, injection site and actual mm of induration (range not accepted)

Date Placed: _____ Date Read: _____ Results _____ mm of induration (required) NEG/POS (circle one)

OR

Blood Test (QuantiFERON or T-Spot) Date: _____ Results (circle one) neg indeterminate/borderline

All positive, indeterminate & borderline blood test results require submission of a Chest X-ray report. (See back of form) pos

For questions or record review contact the ADN Program Director: vmoke@alamo.edu

TB testing

All testing must take place in the United States at a licensed medical facility.

Either a TB skin or blood test is acceptable if no previous positive results and the following criteria is met:

TB Skin Test (TST)

A TB skin test (*TST*) may be obtained if you:

- ♦ were born or lived in a country with low incidence of TB (includes the U.S., Canada, Europe and Australia) and have never had a positive TB skin test
- ♦ do not meet any of the criteria listed for a blood test for TB (see below)

Results must include:

1. date placed
2. date read
3. reading (mm of induration)
4. interpretation (negative or positive)

Blood Test

A *blood test* (includes QuantiFERON or T-Spot) for TB screening is required if you:

- ♦ have had a positive TB skin test in the past and have not taken antibiotics or if antibiotics were taken for less than a month; and/or
- ♦ were born or lived in a country with a high incidence of TB (includes Mexico and most countries in Central America, South America, Eastern Europe, Asia and Africa) ; and/or
- ♦ have had BCG (Bacille Calmette-Guerin) immunization; and/or
- ♦ have/had cancer, leukemia, diabetes, kidney disease, HIV/AIDS; and/or
- ♦ take an immunosuppressive medication such as prednisone; and/or
- ♦ have a history of drug or alcohol abuse; and/or
- ♦ have been told you have/had an atypical mycobacteria infection.

Chest X-Ray

A *Chest X-Ray* for TB screening is required if:

Results from skin or blood test are positive (previously or currently).