

Student Name: _____ Student ID # _____

Eastern New Mexico University-Roswell
IMMUNIZATION/HEALTH TESTING REQUIREMENTS
NURSING PROGRAM

The following immunizations/test are required by the clinical agencies used by health programs at ENMU-Roswell. Each must be verified with appropriate documentation or with a signature by a health care provider. This form and attachments (if any) **must be returned to the Program Director or Program Office.**

Health Department

200 E Chisum St, Roswell • (575) 624-6050

1. Tetanus, Diphtheria, and Pertussis Toxoid Combined (Tdap): <i>Immunization OR booster within the last 10 years.</i> DATE: _____
2. Measles, Mumps, Rubella (MMR) Vaccine/Titer: Proof of TWO Immunizations: DATE: _____ DATE: _____ Titers will be needed if student does not have proof of two MMR immunizations Measles immunity status: _____ Mumps immunity status: _____ Rubella immunity status: _____
3. Hepatitis B Vaccine and/or Titer: DATE: _____ TITER DATE: _____ DATE: _____ TITER RESULTS: _____ DATE: _____
4. Varicella (Chickenpox) Vaccine and/or Titer: DATE: _____ TITER DATE: _____ DATE: _____ TITER RESULTS: _____
5. Tuberculosis (PPD) DATE: _____ DATE READ: _____ RESULTS: _____ DATE: _____ DATE READ: _____ RESULTS: _____
6. Flu Vaccine: DATE: _____
7. BLS Card: EXPIRATION DATE: _____
10. COVID Vaccine DATE: _____ DATE: _____ DATE: _____