

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.**

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: _____
8. Cleared Background Check: DATE: _____
9. Negative Drug Screen: DATE: _____

The above information is required by all clinical agencies and must be released to the agencies when requested. Your signature is necessary to release this information to those agencies.

Student Name (PRINT): _____ Student Signature: _____ Date: _____