

IMMUNIZATION RECORD/COVID/TB/VARICELLA FORM

Dear Students/Parents/Guardians:

In order for students to participate in clinical experiences, there are some requirements regarding their health that must be addressed.

Please submit the following with this form:

- **A copy of your student’s current immunization record must be obtained and attached to this form.**
- **A copy of your student’s COVID immunization card or copy of the COVID vaccines from the NM Health Department**
https://nmsiis.health.state.nm.us/webiznet_nm_public/Application/PublicPortal/Index
- **They must have had two (2) COVID immunizations and/or a COVID bivalent vaccine.**
- **Varicella (Chicken Pox) Verification** is required by the healthcare facilities.
 - If your student has received the vaccine, please make sure it is indicated on his/her immunization record.
 - If your student is not vaccinated and has had chicken pox in the past, he/she **must** have a Varicella Titer (IgG) drawn to indicate his/her immunity. Please provide a copy of the Varicella Titer results.
 - If your student’s titer is positive, please submit a copy of the results with this form.
 - If your student’s titer is negative, he/she **must** be immunized with the Varicella vaccine and it must be indicated on their immunization record.
- **Tuberculin test record MUST be completed.** With positive TB results, a chest x-ray and follow-up by your primary healthcare provider is required. The student’s primary healthcare provider will need to clear your student for clinical experiences.

Tuberculin Test—PPD

INJECTED		READ	
Date injected	Time injected:	Date read	Time read
Site:		RESULTS:	Read by:
Injected by:		Follow Up:	
Student Name		Social Security Number	

If you have any questions, please call Rebecca Weatherford in the Nursing Department at CEC at 247-3658 ext. 45406