

IMMUNIZATION RECORD/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**
- **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:	
Students Full Legal Name		Social Security Number	