

College of Nursing

Immunization and Testing Requirements

Overview

In order to meet contractual obligations and adhere to the policies of the College of Nursing, you are required to complete and submit immunizations and laboratory testing to prove your immunity to various communicable diseases. These requirements are necessary to ensure the health and safety of the students as well as the patients that are seen during clinical rotations and throughout your future career. The following pages provide an overview of the immunizations and laboratory testing that are required by your academic program.

How to Complete

Many of the requirements can be satisfied by providing a copy of your childhood immunization history. New/annual immunizations and laboratory testing may be completed by your personal medical provider or at OSU Student Health Services (SHS). To schedule an appointment with SHS, call 614-292-4321 or visit the My BuckMD web portal at shs.osu.edu. If you are completing the requirements outside of SHS, make sure you obtain proper documentation in order to satisfy the requirements of your program. The submission guide on the next page will provide you with detailed instructions on how to submit your documents once completed.

Questions?

For questions regarding the immunization requirements, please contact:

OSU Student Health Services Preventive Medicine Department

Phone: 614-247-2387

Email: preventivemedicine@osu.edu



Documentation Submission Guide

Acceptable Documentation

Blank forms are provided at the end of this document for your medical provider to complete in order to satisfy the requirements. It is not mandatory to use the blank forms if you already have supporting documentation of the required vaccines and laboratory testing. Your official immunization history or lab report can be submitted directly to prove your immunity to the various diseases.

How to Submit

Once the blank forms are completed and/or the official supporting documentation is obtained, the documents can be uploaded to the My BuckMD web portal to satisfy the requirements. If your My BuckMD access is not yet active or there are issues with the portal, documents can be submitted to the preventivemedicine@osu.edu email address as an image or PDF attachment. Please do not submit your documentation multiple times or to both email and My BuckMD or delays in processing will occur.

Compliance and Processing Timeframes

All documentation submitted to SHS is manually reviewed and processed for entry into your medical record for compliance tracking and reporting. Processing documentation can take anywhere between **3-7 business days** depending on the total number of pending submissions. In addition to the CON programs, SHS tracks immunization compliance for all other health professional programs on campus, and all the programs have similar deadlines. It is important to keep this information in mind, as you will not be considered compliant until the documents are processed and entered into the medical record. Once SHS processes your records, you can monitor your compliance status through the College of Nursing [Beacon portal](#).

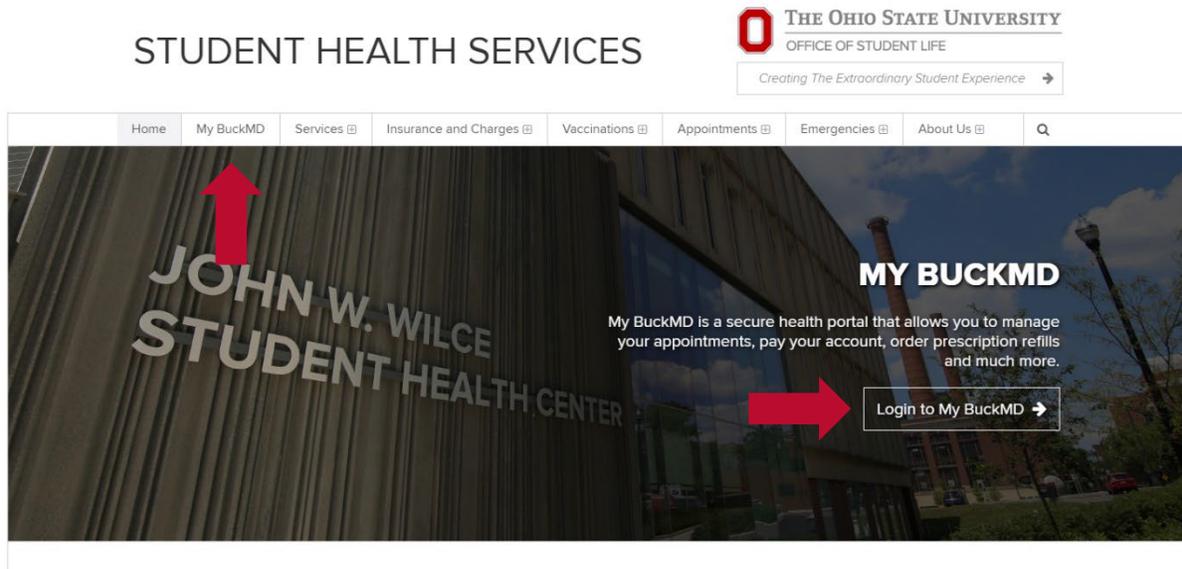
Confidentiality Statement

Your medical documents will be kept in your electronic health record at Student Health Services for the duration of your time at the university. SHS will exchange information with your academic program only for purposes of determining compliance with program requirements as described under the Family Educational Rights and Privacy Act (FERPA).

CON IMMUNIZATION AND TESTING REQUIREMENTS

My BuckMD Walkthrough

My BuckMD can be accessed through the SHS website at shs.osu.edu. You will log in with your OSU name.# and password, which is the same as other OSU websites like BuckeyeLink and CarmenCanvas. All students have full access to My BuckMD, but some may not gain access until several months after accepting admission to the program.



Once logged in to My BuckMD, select “Document Upload” from the top navigation bar to access the uploading feature of the web portal. Be sure to select the correct document type for the documentation being uploaded. All health professional students must select the **Health Professional Student – Compliance Document** tag or delays in processing will occur.



Upload Document

All documents must include the patient's full name and date of birth.

Only files of type PDF, PNG, TIFF and JPG/JPEG can be uploaded. Files must be less than 1,000 KB in size.

Upon clicking SAVE your document will be uploaded. A message will display if there is an error processing the document.

Document Type

▼
Health Professional Student - Compliance Documents
Health Records - Non Health-Professional Students
Insurance Card/Forms
Vaccination Requirement - New OSU Students



Immunization Requirement Details

Hepatitis B

A FULL VACCINE SERIES AND A POSITIVE SURFACE ANTIBODY TITER IS REQUIRED

Check your medical record for proof of a full hepatitis B vaccine series (3-4 doses, usually given in childhood). Once the vaccines are confirmed, a surface antibody titer must be collected to determine your active antibody levels and immunity. If there is no documented proof of a full hepatitis B vaccine series, a new series must be completed before a titer is collected. A positive surface antibody titer without proof of a completed vaccine series will not be accepted.



Check your medical history for a full hepatitis B vaccine series before completing the titer.



Complete a quantitative hepatitis B surface antibody titer to confirm your immunity.



Check your results:
Positive = Immune
**Negative = Non-Immune
REVACCINATION REQUIRED**

Hepatitis B Revaccination

EITHER A BOOSTER DOSE OR NEW SERIES AND A REPEATED SURFACE ANTIBODY TITER IS REQUIRED

Hepatitis B revaccination is only required if your initial surface antibody titer was returned with negative results or if you do not have proof of your original hepatitis B vaccine series. Select ONE (1) of the revaccination options below after consulting with your medical provider. You are expected to complete revaccination, repeat the titer, and have the results of the titer returned and submitted by the due date for your main immunization requirements.



Receive one single booster dose of any brand of hepatitis B vaccine

OR



Complete the 2-dose HEPLISAV-B vaccine series
RECOMMENDED OPTION

OR



Complete any 3-dose hep B vaccine series (Engerix-B, Recombivax HB, Twinrix)

After revaccination is complete, the repeated hepatitis B surface antibody titer should be collected 4-6 weeks after the date of the last dose of hepatitis B vaccine given. If the titer is still negative after revaccination, contact the Preventive Medicine department for next steps.

CON IMMUNIZATION REQUIREMENT DETAILS

Influenza

A CURRENT AND UPDATED INFLUENZA VACCINE IS REQUIRED ANNUALLY

New influenza vaccines are usually available to the public starting in late July/early August each year. Newly admitted students should wait until autumn semester to receive the influenza vaccine. It is not required to complete an influenza vaccine in the spring or summer before you start classes since that vaccine is only valid for the previous influenza season.

Measles, Mumps, and Rubella (MMR)

A FULL VACCINE SERIES (2 DOSES) IS REQUIRED

Check your medical record for proof of a full MMR vaccine series (2 doses, usually given in childhood). Both doses must be given after 12 months of age with at least 1 month in between doses to be considered valid. Invalid doses will need repeated to become fully compliant for the requirement. Measles, mumps, and rubella titers are not required and are only recommended if there is no proof of past vaccination.

Tetanus, Diphtheria, and Pertussis (Tdap)

A CURRENT VACCINE WITHIN 10 YEARS IS REQUIRED

Check your medical record for proof of an adult Tdap vaccine. The vaccine must have been given after age 11 and within the last 10 years to be considered valid and acceptable for the requirement. If your tdap vaccine is over 10 years old and expired, either a Tdap or TD (Tetanus and Diphtheria) booster vaccine is required.

Varicella (Chickenpox)

A FULL VACCINE SERIES (2 DOSES) OR A POSITIVE TITER IS REQUIRED

Check your medical record for proof of a full varicella vaccine series (2 doses, usually given in childhood). Both doses must be given after 12 months of age with at least 1 month in between doses to be considered valid. Invalid doses will need repeated to become fully compliant for the requirement. A varicella titer is not required and is only recommended if there is no proof of past vaccination or you did not start/finish the varicella vaccine series due to having Chickenpox in the past.

CON IMMUNIZATION REQUIREMENT DETAILS

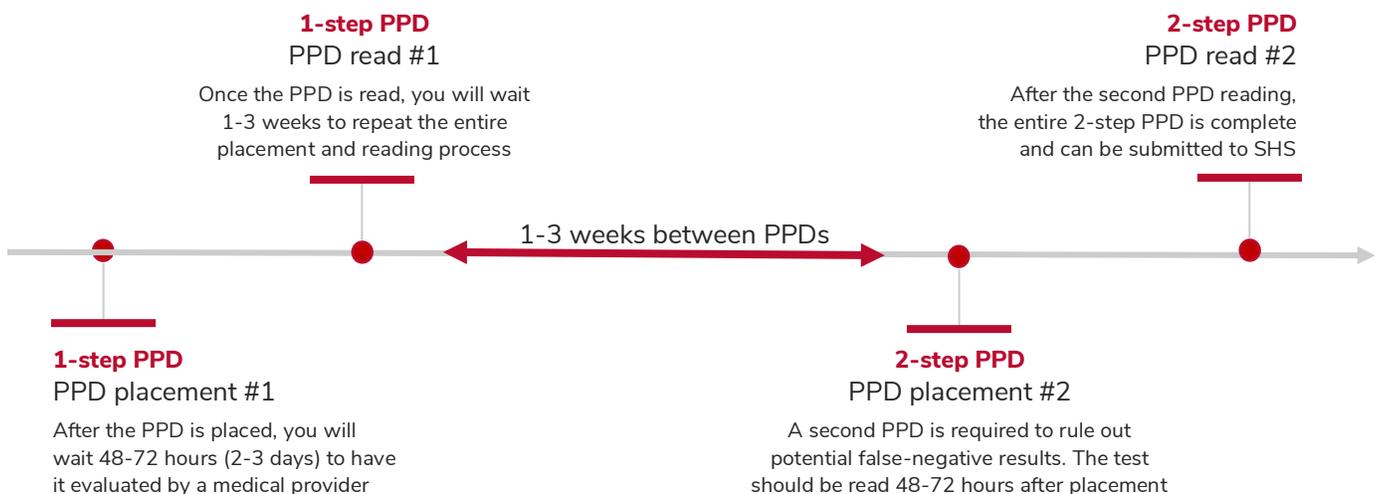
Tuberculosis (TB) Testing

AN INITIAL 2-STEP TB SKIN TEST (2-STEP PPD) OR A TB BLOOD TEST IS REQUIRED

ANNUAL INFECTION PREVENTION TRAINING IS REQUIRED UPON INITIAL TEST EXPIRATION (AFTER 1 YEAR)

Select only ONE (1) of the options below to satisfy the initial (first year) tuberculosis testing requirement of your program. TB testing should not be completed within 4 weeks of a live vaccine (MMR or Varicella). When your initial TB test expires (after 1 year), you will need to complete the *Infection Prevention Starts with You* educational module on BuckeyeLearn and submit the certificate of completion to remain compliant for the tuberculosis requirement.

OPTION 1: TWO-STEP TB SKIN TEST (2-STEP PPD): The 2-step PPD is a special tuberculosis testing option specifically for healthcare workers and students. A single 1-step PPD consists of an injection appointment and then an evaluation appointment 48-72 hours later. A 2-step PPD is completing the injection (placement) and evaluation a second time 1-3 weeks after your 1-step PPD. Review the timeline below for a detailed explanation:



OPTION 2: TB BLOOD TEST (QFT-G/IGRA/T-SPOT): A single tuberculosis blood test can be used to complete the requirement. The TB blood test consists of a single appointment for blood collection and the results are returned several days later. ***RECOMMENDED OPTION***

POSITIVE RESULTS? Positive TB tests will require the completion of a one-time chest x-ray and a symptoms evaluation form. If you have history of positive TB tests, you will need to submit documentation of the positive test and a normal/cleared chest x-ray to satisfy the requirement. History of BCG vaccination alone is not a valid reason to defer tuberculosis testing. Contact the SHS Preventive Medicine department for any questions or concerns.

CON IMMUNIZATION REQUIREMENT DETAILS

Toxicology Screening

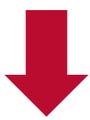
AN INITIAL NEGATIVE 10-PANEL URINE TOXICOLOGY SCREENING IS REQUIRED

You are required to pass an initial toxicology (drug) screening in order to be cleared for program and clinical participation, which is due by the same date as the rest of the immunization and testing requirements. Toxicology screening can be completed at SHS or at a provider or laboratory of your choice. To schedule an appointment at SHS, visit My BuckMD and select “Drug Screening Required by School” as the appointment reason on your preferred date. If you are completing a toxicology screening outside of SHS, you need to make sure it is a urine specimen test and at least 10 drugs are being tested with adulterant checks included. You will need to submit the full lab report that shows the date of completion, number of drugs and adulterants tested, and result for each drug/adulterant to satisfy the requirement.

COVID-19

VACCINATION IS ONLY REQUIRED FOR CERTAIN CLINICAL ROTATION SITES

COVID-19 vaccination is not mandatory for students in the College of Nursing; however, certain clinical rotation sites still require proof of COVID-19 vaccination in order to be cleared for clinic participation. Students who have been vaccinated in the past or are continuing to receive COVID-19 vaccines should submit their CDC vaccine card in anticipation of future clinical placements. Clinical faculty will use the COVID-19 vaccine compliance data to place compliant students at the sites where the vaccine is required. Acceptable vaccines include the original 2020-2021 vaccines (Pfizer 2-dose, Moderna 2-dose, Janssen 1-dose) or any one-dose COVID-19 vaccine/booster given after 2021.



The blank forms on the following pages should be completed by a medical provider (MD, DO, CNP, PA, or RN). All dates of service must be **before** the date of the provider signature in order to be accepted.



Immunization and Testing Requirements

2026-2027 Academic Year

Student Name: _____

Date of Birth: _____ ID number: _____

Hepatitis B

A FULL VACCINE SERIES AND A POSITIVE SURFACE ANTIBODY TITER IS REQUIRED

VACCINE SERIES: List the dates of your childhood/original hepatitis B vaccine series below. If you have received additional Hepatitis B vaccines beyond the original series, submit your entire immunization history in addition to this document to record the additional doses.

Dose 1

Dose 2

Dose 3

Dose 4 (optional)

SURFACE ANTIBODY TITER: A positive hepatitis B surface antibody titer is required in addition to the vaccine series. The surface antibody titer is a blood test that checks your active immunity from past vaccinations. A positive result means you are immune with no further action required. A negative results means you are no longer immune to hepatitis B and must revaccinate to satisfy the requirement of your program.

Titer Collection Date

Titer Result* (+ or -)

**THE OFFICIAL LAB REPORT MUST BE SUBMITTED
ALONG WITH THIS DOCUMENT FOR IT TO BE ACCEPTED**

*If your titer result is negative, please follow the hepatitis B revaccination protocol located on the last page of the document. Do not use this page to document your repeated vaccine(s) and repeated surface antibody titer.

Health Professional Signature (MD, DO, CNP, PA, RN)

Date

Printed Name

Title

Full Name: _____ Date of Birth: _____

CON

Measles, Mumps, and Rubella (MMR)

A FULL VACCINE SERIES (2 DOSES) IS REQUIRED

VACCINE SERIES: List the dates of your childhood/original MMR vaccines below. The first dose must be given after 12 months of age to be considered valid and acceptable for the requirement. Measles, mumps, and rubella titers are not recommended unless you do not have proof/documentation of your MMR vaccines.

Dose 1

Dose 2

Tetanus, Diphtheria, and Pertussis (Tdap)

A CURRENT VACCINE WITHIN 10 YEARS IS REQUIRED

VACCINE: List the date of your most recent Tdap vaccine below. The vaccine must have been given after age 11 and within the last 10 years to be considered valid and acceptable for the requirement. If your Tdap vaccine is over 10 years old and expired, either a Tdap or TD (Tetanus and Diphtheria) booster vaccine is required.

Tdap Vaccine

TD booster (if applicable)

Varicella (Chickenpox)

A FULL VACCINE SERIES (2 DOSES) OR A POSITIVE TITER IS REQUIRED

VACCINE SERIES: List the dates of your childhood/original varicella vaccines below. The first dose must be given after 12 months of age to be considered valid and acceptable for the requirement. A varicella titer is not recommended unless you do not have proof/documentation of your varicella vaccines or you did not start/finish the vaccine series because you had Chickenpox in the past.

Dose 1

Dose 2

IF YOU ARE COMPLETING A TITER FOR THE VARICELLA REQUIREMENT, SUBMIT THE OFFICIAL LAB REPORT ALONG WITH THIS DOCUMENT

Health Professional Signature (MD, DO, CNP, PA, RN)

Date

Printed Name

Title

CON

Full Name: _____ Date of Birth: _____

Tuberculosis (TB) Testing

AN INITIAL 2-STEP TB SKIN TEST (2-STEP PPD) OR A TB BLOOD TEST IS REQUIRED

ANNUAL INFECTION PREVENTION TRAINING IS REQUIRED UPON INITIAL TEST EXPIRATION (AFTER 1 YEAR)

Review the available TB testing options (page 6) for satisfying the tuberculosis testing requirement. TB testing should not be completed within 4 weeks of a live vaccine (MMR or Varicella). When your initial TB test expires (after 1 year), you will need to complete the *Infection Prevention Starts with You* educational module on BuckeyeLearn and submit the certificate of completion to remain compliant for the tuberculosis requirement.

TWO STEP TB SKIN TEST (2-STEP PPD): Pay careful attention to the requirements of a 2-step PPD. A single 1-step PPD consists of an injection appointment and then an evaluation appointment 48-72 hours later. A 2-step PPD is completing the injection (placement) and evaluation a second time 1-3 weeks after your 1-step PPD. The first test generates a boosted immune response in the body, allowing the second test to provide more accurate results and better detection of latent TB.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PPD 1 Placement Date	PPD 1 Reading Date	PPD 2 Placement Date	PPD 2 Reading Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PPD 1 Result (+ or -)	PPD 1 Induration (mm)	PPD 2 Result (+ or -)	PPD 2 Induration (mm)
_____ Provider Signature/Credentials		_____ Provider Signature/Credentials	
_____ Printed Name		_____ Printed Name	
_____ Location		_____ Location	
_____ Date		_____ Date	

TB BLOOD TEST (QFT-G/IGRA/T-SPOT): A single tuberculosis blood test can be used to complete the requirement. The TB blood test consists of a single appointment for blood collection and the results are returned several days later.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Test Collection Date	Test Name	Test Result

THE OFFICIAL LAB REPORT MUST BE SUBMITTED ALONG WITH THIS DOCUMENT FOR IT TO BE ACCEPTED

POSITIVE RESULTS? Positive TB tests will require the completion of a one-time chest x-ray and a symptoms evaluation form. If you have history of past positive TB tests, please submit documentation of the original positive test and a normal chest x-ray completed afterwards to satisfy the requirement.

Full Name: _____ Date of Birth: _____

CON

Hepatitis B Revaccination

ONLY COMPLETE THIS PAGE IF YOUR INITIAL HEPATITIS B SURFACE ANTIBODY TITER WAS NEGATIVE

Revaccination should begin as soon as possible after the initial negative titer result is returned. Once you have completed your desired revaccination protocol, a repeated titer is required to confirm your immunity from the new vaccine(s). The repeated titer should be collected 4-6 weeks after the date of the last vaccine you receive. Submit this page as each dose is received in order to update your program on your progress with the requirement.

REPEATED VACCINE(S): Discuss the available options (page 4) with your medical provider to determine the best revaccination protocol. The goal is to become immune to hepatitis B by the deadline set by your program. You can either use this form to document your progress or submit supporting documentation after each dose.

Dose 1 Date

Dose 2 Date

Dose 3 Date

Dose 1 Brand Name

Dose 2 Brand Name

Dose 3 Brand Name

Provider Signature/Credentials

Provider Signature/Credentials

Provider Signature/Credentials

Printed Name

Printed Name

Printed Name

Location

Location

Location

Date

Date

Date

REPEATED SURFACE ANTIBODY TITER: A repeated hepatitis B surface antibody titer is required to be collected to confirm you are immune to the new vaccine(s). The titer should be completed 4-6 weeks after the date of your last hepatitis B vaccine.

Titer Collection Date

Titer Result* (+ or -)

**THE OFFICIAL LAB REPORT MUST BE SUBMITTED
ALONG WITH THIS DOCUMENT FOR IT TO BE ACCEPTED**

REPEATED TITER STILL NEGATIVE? The CDC defines a nonresponder as someone who has completed two full hepatitis B vaccine series and still produces a negative surface antibody titer. If you revaccinated with only a single dose (booster) of the hepatitis B vaccine and still have a negative titer, you will need to finish the remaining doses of the vaccine series and then have an additional titer collected afterwards to check your immunity for a final time. If you repeated a full hepatitis B vaccine series and the repeated titer result is still negative, please contact SHS Preventive Medicine for information on the required nonresponder testing.