



### **College of Nursing Immunization Requirements:**

The required vaccinations for all College of Nursing programs are listed below. Please submit this form directly to Student Health Services once the entire form is completed by your primary care provider. Once Student Health Services processes your records, you can monitor your compliance status through the College of Nursing [Beacon](#).

### **Submission Instructions:**

- Once this form is completely filled out by your health care provider, this form and **all required supporting documentation** must be uploaded through [My BuckMD](#). Vaccination records should not be submitted to the Office of Student Affairs, Equity and Inclusion through [CONcompliance@osu.edu](mailto:CONcompliance@osu.edu).
- All medical documentation for compliance should be submitted at once utilizing this form, with the exception of those students who are being revaccinated for Hepatitis B.
- This form will be kept in your medical record at Student Health Services. Student Health Services will exchange health information with your academic program only for the purposes of determining compliance with program requirements under the Family Educational Rights and Privacy Act (FERPA).
- If you have any questions regarding specific immunization requirements, please contact the Preventive Medicine Coordinator at 614-247-2387 or [preventivemedicine@osu.edu](mailto:preventivemedicine@osu.edu).
- Please allow Student Health Services 1-2 weeks for the processing of records. During times of high submission volume, this processing time may be even longer. Be sure to submit your documentation early enough ahead of any deadlines to remain compliant.
- Non-health related compliance requirements submitted to Student Health Services will not be processed, and will be shredded for security.

Please see the following pages for additional information regarding the various immunization and testing requirement for the College of Nursing.

## **Immunization and Testing Compliance Requirements**

1. **Hepatitis B:** a complete vaccination series (either 2-dose or 3-dose) **AND** a positive surface antibody titer required.
  - If you have documented proof of a complete hepatitis B vaccination series, a titer must be collected to determine your antibody levels and immunity.
    - Positive results mean you are immune, and no additional vaccines or testing are required.
    - Negative results will require re-vaccination to raise your antibody levels, with a repeated titer required afterwards to check your immunity from the new vaccine(s).
      - Re-vaccination option 1: receive a booster dose of Engerix-B, then re-titer one month after vaccine administration.
      - Re-vaccination option 2: repeat entire HEPLISAV-B (2-dose) or Engerix-B (3-dose) vaccine series, then re-titer one month after the last dose.
  - If there is no documented proof of a complete hepatitis B vaccination series, a new series must be completed before a titer is collected. Positive hepatitis B surface antibody titers without proof of a complete vaccination series will not be accepted.
2. **Influenza:** a current and updated influenza vaccine required annually.
  - The new flu vaccines are usually available starting in late August/early September each year.
3. **MMR:** a complete 2-dose vaccine series required.
  - 2 doses of the MMR vaccine given after 1 year of age is acceptable for the requirement.
  - Measles, mumps, and rubella titers are only recommended if there is no proof of the vaccination history, but the student is certain they received the vaccines in the past.
    - Positive results mean you are immune, and no additional vaccines or testing are required.
    - Negative titer results will require re-vaccination, with no repeated titers required.
4. **Tdap:** one Tdap vaccine within the last 10 years required.
  - If Tdap vaccine is over 10 years old and expired, a TD or Tdap booster dose is required.
5. **Toxicology (drug) screen:** a negative 10-panel urine drug screen required upon entry to the program
  - Results must show number of total drugs tested, overall or individual results, with the date included.
6. **Tuberculosis:** initial negative 2-step PPD or QFT-G blood test; annual 1-step PPD or QFT-G update required.
  - For the first year of the program, students are required to have an initial negative 2-step Tuberculosis skin test (PPD), which is two separate PPDs completed within 1-3 weeks of each other.
  - One negative TB blood test (QFT-G, T-Spot, or IGRA) will satisfy the 2-step PPD requirement.
  - As each TB test expires annually, completion of the Partnership to Prevention training is required.
7. **Varicella:** a complete 2-dose vaccine series required
  - 2 doses of the Varicella vaccine given after 1 year of age is acceptable for the requirement.
  - If a student never received the vaccines because of having Chickenpox in the past, a Varicella antibody titer is required to prove immunity from having the disease.

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Academic Program: \_\_\_\_\_

Requirement	Required Documentation		
<b>Tuberculosis Screening</b>  Either a 2-step PPD <b>OR</b> TB blood test required  Note: Annual renewal only requires completion of the Partnership to Prevention training unless you are placed in a high-risk unit	<b>**2-step tuberculin skin test**</b>  PPD testing must meet the following criteria: <ul style="list-style-type: none"> <li>Must be read in 48-72 hours by                a certified health care provider                with results documented in mm.</li> <li>2<sup>nd</sup> PPD must be placed 1-3                weeks after the placement date                of the first</li> </ul>	PPD#1 date given: _____  PPD #1 date read: _____  Result: _____ mm.  Read by: _____  Title: _____	PPD #2 date given: _____  PPD #2 date read: _____  Result: _____ mm.  Read by: _____  Title: _____
	<b>**TB blood test (IGRA)**</b>  <i>Recommended for those that have                received the BCG vaccine</i>	Date Completed: _____  Type of Test: _____	Result: _____  <b>Lab report attached</b> <input type="checkbox"/>
	Positive TB tests (either past or current) will require the completion of a one-time chest x-ray and annual Tuberculosis questionnaire. Please consult the Preventive Medicine department at Student Health Services to discuss appropriate next steps for the compliance requirement		
<b>Tdap</b>  (Tetanus, Diphtheria, and Pertussis)	Date: _____	Brand: _____	Provider initials: _____
	Required if you have not received Tdap previously, regardless of when previous TD was administered *Tdap must be re-administered every 10 years (TD booster accepted after initial Tdap vaccine)		
<b>Measles,            Mumps, &amp;            Rubella            (MMR)</b>  2 doses of the MMR vaccine required  If given individually, 2 doses of Measles, 2 doses of Mumps, and 1 dose of Rubella required	<b>**2 doses MMR vaccine**</b>  MMR #1 date: _____  MMR #2 date: _____	<b>**Individual vaccines**</b>  Measles #1 date: _____  Measles #2 date: _____  Mumps #1 date: _____  Mumps #2 date: _____  Rubella #1 date: _____	Provider initials: _____
	<b>**MMR titers only required if proof of vaccination is unable to be located**</b>		
	Positive Measles, Mumps, and Rubella antibody titers: <b>Lab report attached</b> <input type="checkbox"/>		

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Academic Program: \_\_\_\_\_

Requirement	Required Documentation		
<b>Varicella (Chickenpox)</b>  2 doses of the Varicella vaccine required	Dose #1 date: _____ Dose #2 date: _____ Provider initials: _____		
	<b>**Varicella titer only required if previously infected with the disease (Chickenpox) or if proof of vaccination is unable to be located**</b>		
	Positive Varicella antibody titer: Lab report attached <input type="checkbox"/>		
<b>Hepatitis B</b>  A full vaccine series (either 2-dose or 3-dose) <b>AND</b> a positive surface antibody titer required  Note: a positive titer without proof of a full vaccine series will not be accepted	<b>**Engerix-B (3-dose) series**</b>  Dose #1 date: _____ Dose #2 date: _____ Dose #3 date: _____	<b>**HEPLISAV-B (2-dose) series**</b>  Dose #1 date: _____ Dose #2 date: _____	Provider initials: _____
	<b>**Hepatitis B surface antibody titer**</b>	Date Completed: _____ Lab report attached <input type="checkbox"/>	Result: _____
	If the titer is negative, either a booster dose of Engerix-B or a full series (either 2-dose or 3-dose) must be completed, with a repeated titer completed afterwards. Contact Student Health Services ASAP if you receive a negative test to plan the next steps and to gain temporary compliance during re-vaccination.		
<b>Influenza</b>	Dose date: _____ Provider initials: _____		
	<b>NOTE: Seasonal flu vaccines are typically available starting in August/September.</b>		
<b>Drug Screen</b> 10-panel urine test	Completion Date: _____ Results: _____ Lab report attached <input type="checkbox"/>		
<b>Provider Information</b>  Signature required for this document to be valid	Name: _____		
	Address: _____ _____		
	Phone: _____		
	Signature: _____ Date Completed: _____		