

THE UNIVERSITY OF ALABAMA  
CAPSTONE COLLEGE OF NURSING  
GRADUATE STUDENT TB TEST AND IMMUNIZATION FORM

FORM 2

To be completed by physician or certified registered nurse practitioner and returned prior to beginning any clinical nursing courses.

NAME \_\_\_\_\_

CWID #: \_\_\_\_\_

**Two-Step Tuberculin Skin Test is required (by CDC Guidelines for health care providers). Note: A TB skin test (1- Step) will not be accepted unless documentation of a negative 2-Step TB skin test is submitted.**

STEP 1: Place skin test and read in 48 - 72 hrs. Date tested \_\_\_\_\_ Date read \_\_\_\_\_ Result \_\_\_\_\_

STEP 2: 1-3 weeks later, place 2<sup>nd</sup> TB skin test and read in 48 hrs. Date tested \_\_\_\_\_ Date read \_\_\_\_\_ Result \_\_\_\_\_  
If skin test is positive, a negative chest X-ray is required.

Immunizations	DATES Dose 1	DATES Dose 2	DATES Dose 3	DATES Booster
Tetanus (DPT series or TD/Tdap booster in last 10 years)				
Varicella <sup>1</sup> (2 doses if no evidence of immunity)			NA	NA
Hepatitis B <sup>2</sup>				
MMR <sup>3,4</sup> (If born after 1956: 2 doses required)			NA	NA

<sup>1</sup>Required: if no evidence of immunity, is there history of chicken pox? Yes \_\_\_ No \_\_\_; Herpes Zoster? Yes \_\_\_ No \_\_\_

<sup>2</sup> Students who are pregnant or lactating should postpone Hepatitis B Vaccination until completion of pregnancy or lactation.

<sup>3</sup> If born after 1956, one MMR after 1980 is required.

<sup>4</sup>If no documentation of MMR, complete the following:

	DATES Dose 1	DATES Dose 2	DATES Dose 3	DATES Booster
Measles				
Mumps				
Rubella <sup>5</sup>				

<sup>5</sup>If no documentation of Rubella immunization, complete Rubella titer (must be >1:10). Result: \_\_\_\_\_

Name of Physician or Certified Registered Nurse Practitioner  
(Please Print) and official stamp

Signature (REQUIRED)

Date