

**THE UNIVERSITY OF ALABAMA
CAPSTONE COLLEGE OF NURSING
JUNIOR (Semester I) STUDENT TB TEST AND IMMUNIZATION FORM**

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 or IGRA blood test is required (by CDC Guidelines for health care providers).

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

STEP 2: 1-3 weeks later, place 2nd TB skin test and read in 48 hrs. **Date tested** _____ **Date read** _____ **Result** _____

Or

IGRA Blood Test Date: _____ (attach lab report).

If either skin test or blood test is positive, an annual negative chest X-ray is required.

Immunizations	DATES	DATES	DATES	DATES
	Dose 1	Dose 2	Dose 3	Dose 4/Booster
Tetanus (DPT series and TD/Tdap booster in last 10 years)				Required Tdap/TD:
Meningococcal Vaccine (2 doses--one dose required at age 16 or older)			NA	NA
Polio* (3 doses and booster)				
Varicella* (2 doses)			NA	NA
MMR* (2 doses)			NA	NA
Hepatitis B* (3 doses)				NA

***If missing or incomplete documentation, must complete coresponding titer followed by CDC vaccine recommendations if negative.**

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

Signature
(REQUIRED)

Date