The School of Nursing and Health Studies (SONHS) requires that all nursing students submit valid immunization and physical exam records prior to beginning nursing coursework. Once enrolled, nursing students must remain current and in good standing on each of these requirements or they may be removed from courses and/or clinical activities.

Nursing students must work with their healthcare provider to fill in the immunization information below. This form should be used to provide initial immunization information as well as any required updates throughout their time in the nursing program. The deadline to submit immunization records is August 22nd for the fall term, January 15th for the spring term, and April 15th for the summer term. Failure to submit immunization records by these deadlines may lead to a $50.00 fine, a CaneLink clinical hold, and/or removal from courses and/or clinical activities.

**Student Information**

Last Name   First Name   Middle Initial   Date of Birth   Age

Entry Term:     ☐ Fall  ☐ Spring  ☐ Summer

5#   Academic Program

**Healthcare Provider Information**

Last Name   First Name   Middle Initial   Title

Address   City   State   Zip Code   Phone

**Immunizations**

**Hepatitis B:** Students must obtain three doses of the Hepatitis B immunization or serologic proof of immunity. If three doses of the Hepatitis B immunization are provided, it is recommended that verification of serological proof of immunity also be provided but only 1-2 months after Dose 3.

Dose 1:     Dose 2:     Dose 3:

Month   Day   Year    Month   Day   Year    Month   Day   Year

Hepatitis Immunity:     ☐ Positive  ☐ Negative

(Note: Lab result must be provided)  Month   Day   Year

**Influenza (Flu):** Students must obtain an annual flu vaccine.

Vaccine:     Method of Administration     Dosage     Injection Site

Month   Day   Year    Month

Manufacturer   Lot   Expiration   Facility Providing Vaccine

**Measles, Mumps, and Rubella (MMR):** Students must obtain two doses of the MMR immunization or provide serologic proof of immunity if they were born after 1956.

Dose 1:     Dose 2:     (Note: This must be at least 28 days later)

(Note: This must be after age 12)  Month   Day   Year  (Note: This must be after age 12)  Month   Day   Year

Measles Immunity:     Mumps Immunity:     Rubella Immunity:

(Note: Lab result must be provided)  Month   Day   Year  (Note: Lab result must be provided)  Month   Day   Year

**Meningococcal Meningitis:** Students must obtain the Meningococcal Meningitis immunization (i.e., Menactra/Menveo or Menomune) or decline the immunization by signing the waiver below. This immunization is highly recommended, especially if students are in their first year and plan to live on campus. A booster is suggested if they obtained this immunization before age 16.

Choose one:

☐ The student received this immunization (Select one:  ☐ Menactra/Menveo  ☐ Menomune):  Month   Day   Year

☐ The student read the information provided and declined this vaccine

**Tetanus/Diptheria/Pertussis (Tdap):** Students must have received the Tdap vaccination within the past 10 years.

Vaccine (Note: This can be administered at any interval):  Month   Day   Year

Updated 3/11/2017
Tuberculosis (TB): Students must obtain an initial two-step PPD test and follow up each year with an annual PPD test or chest X-ray, as well as an annual symptoms review.

Two-step PPD Test (Note: This should be completed if obtaining the PPD test for the first time)
- Step 1: □ Positive □ Negative ______ mm induration  
  Month   Day   Year
- Step 2: □ Positive □ Negative ______ mm induration  
  (Note: This must be 1-2 weeks after Step 1 if Step 1 is negative)  
  Month   Day   Year

Annual PPD (Note: This is only needed if previous PPD test was negative)
- Previous Test: □ Positive □ Negative ______ mm induration  
  Month   Day   Year
- Current Test: □ Positive □ Negative ______ mm induration  
  Month   Day   Year

Chest X-ray (Note: This is only needed if your previous PPD test was positive)
- X-ray: □ Normal □ Abnormal  
  (Note: The chest X-ray report must be provided with this form)  
  Month   Day   Year

If the PPD was positive and the chest X-ray was negative, was treatment of latent TB offered? □ Yes □ No
If the PPD was positive and the chest X-ray was negative, was treatment of latent TB accepted? □ Yes □ No
List the details of the treatment, including drug, dose, frequency, duration, etc.: 

The healthcare provider who is providing this treatment must complete the following:
- Last Name   First Name   Middle Initial   Title
- Signature   Date

Symptoms Review: Does the student have any of the following?
- Appetite loss: □ Yes □ No  
- Chest pain: □ Yes □ No  
- Chills: □ Yes □ No  
- Cough for 3 weeks of more: □ Yes □ No  
- Fatigue: □ Yes □ No  
- Fever: □ Yes □ No  
- Hemoptysis (i.e., coughing up blood): □ Yes □ No  
- Night sweats: □ Yes □ No  
- Weight loss: □ Yes □ No

Varicella: Students must obtain two doses of the Varicella immunization or provide lab evidence of immunity.
- Does the student have a history of the Varicella disease? □ Yes □ No
- Dose 1: □ Positive □ Negative ______ mm induration  
  Month   Day   Year  
- Dose 2: □ Positive □ Negative ______ mm induration  
  (Note: This must be at least 1 month after Dose 1)  
  Month   Day   Year
- Varicella Immunity: □ Positive □ Negative ______ mm induration  
  (Note: Lab result must be provided)  
  Month   Day   Year

Approval Signatures
Signing below confirms that all immunization information provided above is complete and accurate.
- Student*: ___________________________  
  Signature   Date
- Healthcare Provider: ___________________________  
  Signature   Date

Upload and Clearance Information
Students must upload their SONHS Immunization Form to two locations: (1) the Student Health Center’s immunization portal, mystudenthealth.miami.edu, and (2) the SONHS’ American DataBank Complio system. Students can pull copies of their immunization records from either system at any time. Please note that all immunization information provided to the Student Health Center is shared with the Florida SHOTS (State Health Online Tracking System) immunization registry unless students opt-out by contacting the Student Health Center at studenthealth@miami.edu.

*Note: The student’s signature is required if the student is 18 years of age or older. Otherwise, this must be signed by a parent or legal guardian.

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