



Seattle Pacific University Nursing Student Immunization Record

All documentation must be returned directly to:

**Health Services, Watson Hall, Seattle Pacific University, 3307 Third Avenue West, Suite 110
Seattle, Washington 98119-1922, Phone: 206-281-2231 Fax: 206-281-2674**

Part 1 — To Be Completed by the Student

Name _____ Birth Date _____
 Last First Middle Month Day Year

Student ID # _____ Year Entering Program _____

As a Health Sciences student, the following information is required. Immunization documentation can be one of the following: (a) Healthcare Provider filling out the form below with signature; (b) Copy of official document; or (c) Blood Tests (Titers) to demonstrate immunity. Please note: Students are required to submit a Two-step TB skin test, meaning either: (a) First Tb test given, 48-72 hours later have it read. In 1-2 weeks, repeat the process; or (b) Turn in documentation demonstrating yearly Tb test (i.e. one from last year and one from this year).

Items needing to be turned in to Health Services.

_____ Physical Assessment Form (yellow, two-sided) fully filled out

_____ Medical History Record

_____ The bottom of this form fully filled out

Part 2 — Required Immunizations

	DATE	DATE	DATE	Titer Date- Must attach laboratory documentation.
MMR 2 doses after 12 months old	#1	#2		
Hepatitis A	#1	#2	#3 (if using Twinrix)	
Hepatitis B	#1	#2	#3	
Varicella	#1	#2	Or Positive Titer (History of Disease no longer accepted in WA)	
Tdap Within 10 years		1 dose of adult Tdap, with Pertussis, is required.		
Influenza		Must be given after October of Flu season.		
Tb 2-step required unless yearly PPD documented	#1 Date Given _____ Date Read _____ _____ MM Induration		#2 Date Given _____ Date Read _____ _____ MM Induration	

Signature or Stamp of Health Practitioner

Print Name with Designation

Date

