

**The University of Texas Rio Grande Valley**  
School of Nursing

Verification of Immunization Compliance

Name: \_\_\_\_\_ ID# \_\_\_\_\_

Program:

- Bachelor of Science in Nursing (BSN) Program
- RN-BSN Program
- Post Master's Psychiatric Mental Health Practitioner Certificate

- Master of Science in Nursing Administration (MSN-Admin)
- Master of Science in Nursing Education (MSN-Ed)
- Master of Science Family Nurse Practitioner (MSN-FNP)

	Date	Date	Date	Serologic evidence
MMR	#1	#2		
Varicella Vaccine	#1	#2		
Varicella – Documented by Positive Titer	Illness Date	Titer		
Hepatitis B Vaccine	#1	#2	#3	
Hepatitis B Waiver Signed	(Provide letter from Health Care Provider and/or OSHA Declination Form)			
Tdap (Within the last 10 years)				
Meningococcal (See University requirements)				
TB Test (Annual)				
CXR if TB positive (every 2 years)				
TB symptom review if TB positive / CXR (Annual)				
Influenza (Annual)				

Comments: \_\_\_\_\_

Please bring a copy of this form to your physician/health care provider and have them complete and sign. Submit complete with documentation of immunizations.

\_\_\_\_\_  
Health Care Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address/Stamp