As a nursing student, you must have up-to-date immunizations. You will receive a letter in the mail with instructions on how to complete the required immunizations (outlined below). All immunizations should be submitted to Student Health Services prior to the start of your first semester using the Immunization Submission form, often referred to as “the blue bubble sheet”, which will be included in the mailing. A sample of this form is included in this document for reference.

These immunizations are required for all Health Science students regardless of clinical status.

Additional information can be found here:
http://www.creighton.edu/chc/studenthealthservices/immunizationrequirements/

Please contact Creighton Student Health Services with any immunization related questions:

Student Health Services
Creighton University
2500 California Plaza
Harper 1034, Ground Floor
Omaha, Nebraska 68178
Phone: (402) 280-2735
Fax: (402) 280-1859
All Health Science Students  **DUE Date determined by Program/School***
Enrolled in: Dental, EMS, Medicine, Nursing, Pharmacy and Health Professions

☐ Measles, Mumps, & Rubella (MMR)
   2 doses MMR vaccine given after the 1st birthday and at least 30 days apart are required
   OR
   Positive blood tests showing immunity for Measles, Mumps and Rubella.
   (Measles IgG, Mumps IgG Rubella IgG lab tests). History of disease does NOT meet requirement.

☐ DPT/Td/Tdap Vaccine
   3-dose series. 1 dose must be a Tdap vaccine given after licensure in 2005.

☐ Polio
   3-dose series OR A positive blood test proving immunity.

☐ Hepatitis B
   3-dose series AND a positive blood test showing immunity
   (Hepatitis B surface antibody test). A positive blood test alone meets this requirement.

☐ Varicella (Chicken Pox)
   2 doses Varicella vaccine
   OR
   Positive blood test showing immunity (Varicella IgG lab test). History of illness does NOT meet this requirement for Health Science Students

☐ Tuberculosis Screening
   o Initial 2-step screening— 2 separate PPD skin tests given and read at least 1 week apart.
     OR 2 tests in a 12 month period.
   o Annual PPD screening after 2-step requirement met.
   o Students with a history of a positive skin test
     • Chest x-ray done in US in the past 12 months
     • Annual Provider Review/QuantIFERON Gold blood testing is also acceptable

☐ Annual Influenza Vaccine—due before December 1 each year.

☐ Meningitis Vaccine  (IF LIVING ON CAMPUS)
   1 dose Meningitis vaccine given after 16 years of age. Applies to ages 21 and under and is due before moving into resident halls.

Immunizations should be submitted using the data form provided by individual schools. Documentation of additional vaccines must be faxed to Student Health Services at 402-280-1859. Revised 6/2013
Health Science Student—Immunization Requirements

STUDENT IDENTIFICATION:  

Name:  
(Print)  Last  First  All  

Home Address:  Street  City  State  Zip  

Cell Phone:  Major at Creighton:  

Email Address:  

• University Health Insurance Requirement •  

Comprehensive Health Insurance is required for ALL Health Science Students (‘Emergency only’ coverage does not satisfy this requirement) and must include the following:  
• National Coverage for inpatient and outpatient medical care.  
• National Coverage for inpatient and outpatient mental health care.  
• Coverage is currently active and maintains for the entire academic year.  
• Offers a lifetime maximum of at least $500,000 in coverage per accident or illness.  

Enrollment in the University endorsed Health Insurance Plan is automatic for all full-time students. The annual premium will be automatically charged to the student’s account unless an online waiver is completed through NEST: using the “Benefits” tab. This is an annual requirement. Further information, including the applicable deadline, may be found online at www.creighton.edu/chc.  

- Permission to Treat -  

TO BE COMPLETED BY STUDENT'S PARENT/GUARDIAN  
(For treatment of minors under 19 years of age)  

I give my permission for my daughter/son/ward  
to receive primary care, or urgent care by the staff at Student Health Services (SHS), in the event of an injury or illness. I understand that I will be responsible for all charges for health services provided by Student Health Services (SHS) and by off-campus providers.  

Signature  Date  

Relationship  

Please do not write in this area  

37982
Measles/Mumps/Rubella: Two doses of MMR administered on or after the first birthday and given at least 30 days apart. (Please note: All Health Science Students, regardless of age, must meet this requirement)

SUBMIT COPY OF LAB REPORTS

OR

Documented status for a two-step PPD (2 separate PPD skin tests in a 12 month period) is required when the student begins the annual testing cycle.

TUBERCULIN TEST - (PPD, Mantoux)

If you are currently in an annual testing cycle, please document 2 most recent PPD skin tests.

CURRENT INFLUENZA VACCINE

MENINGITIS VACCINE

Required for students residing in University housing age 21 and under.
DIPHTHERIA PERTUSSIS TETANUS
(DPT/Td/Tdap)

Vaccine only available after 2005

2 most recent dates and Tdap vaccine required.

POLIO

3 most recent dates OR positive titer.

HEPATITIS B • Positive (reactive) antibody required

Please indicate if Vaccine Series was Hepatitis B or Twinrix (combination vaccine for Hepatitis A & B). A positive titer alone meets this requirement.

VARICELLA • (Chicken Pox), Documentation of a positive titer or a 2 shot series

Submit Copy of Lab result
RECOMMENDED IMMUNIZATIONS

The American College Health Association (ACHA) and the Centers for Disease Control (CDC) recommend that college students consider receiving the following immunizations:

**Hepatitis A Vaccine**

<table>
<thead>
<tr>
<th>Dose #1</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Dose #2</td>
<td>Jan</td>
<td>Feb</td>
<td>Mar</td>
<td>Apr</td>
<td>May</td>
<td>Jun</td>
<td>Jul</td>
<td>Aug</td>
<td>Sep</td>
<td>Oct</td>
<td>Nov</td>
<td>Dec</td>
</tr>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**Gardasil or Cervarix (HPV)**

<table>
<thead>
<tr>
<th>Dose #1</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Dose #2</td>
<td>Jan</td>
<td>Feb</td>
<td>Mar</td>
<td>Apr</td>
<td>May</td>
<td>Jun</td>
<td>Jul</td>
<td>Aug</td>
<td>Sep</td>
<td>Oct</td>
<td>Nov</td>
<td>Dec</td>
</tr>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Dose #3</td>
<td>Jan</td>
<td>Feb</td>
<td>Mar</td>
<td>Apr</td>
<td>May</td>
<td>Jun</td>
<td>Jul</td>
<td>Aug</td>
<td>Sep</td>
<td>Oct</td>
<td>Nov</td>
<td>Dec</td>
</tr>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**Student's Signature, or parent if student is under 19:**

I verify that all information on this form is true and medical information has not been falsified.

Student/Parent Signature: __________________________________ Date: ____________________

**Physician's Signature (completion mandatory):**

I verify that the information provided on this form is correct. Vaccines/tests dated after Physician Signature will require separate documentation.

Name (print): ____________________________

Physician's Signature: ____________________________ Date: ____________________

Address: ____________________________ Phone: (_____) _______ 37982