

**MURRAY STATE UNIVERSITY  
DEPARTMENT OF NURSING  
RN-BSN PROGRAM  
120 Mason Hall Murray KY 42071-3302  
IMMUNIZATION AND HEALTH RECORD**

Student Name: \_\_\_\_\_  
Last First MI

Date of Birth: \_\_\_\_\_ SS # \_\_\_\_\_

Health Care Provider: \_\_\_\_\_  
Name --- Please Print

\_\_\_\_\_ Street

\_\_\_\_\_ City State Zip

Date: \_\_\_\_\_  
Signature of Provider/Agency

List date and provide documentation stapled to this form of last immunization or titer for:

Rubeola \_\_\_\_\_ Tetanus \_\_\_\_\_ (under 10 yrs.) Mumps \_\_\_\_\_ Varicella \_\_\_\_\_ titer \_\_\_\_\_

Rubella \_\_\_\_\_ Hepatitis B \_\_\_\_\_

TB \_\_\_\_\_ skin test \_\_\_\_\_ results \_\_\_\_\_ xray (if needed) \_\_\_\_\_ results \_\_\_\_\_

**Hepatitis Immunization Information**

The following form is required to be completed by each nursing student before beginning his/her first clinical course. It is the responsibility of the student to change any information regarding immunization status before starting another clinical rotation. Area hospitals require that we maintain accurate, updated information on each student in order to satisfy contractual agreements. Failure to keep records current could result in dismissal from the nursing program.

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. It has been recommended to me that I be vaccinated with the hepatitis B vaccine at my own cost. However, I may choose not to be vaccinated at this time. I understand that in not being vaccinated, I continue to be at risk of acquiring hepatitis B, a serious disease.

I have been vaccinated or am in the process of taking the hepatitis B series.

\_\_\_\_\_  
Student Signature Date

I am not vaccinated and am not in the process of taking the hepatitis B series.

\_\_\_\_\_  
Student Signature Date

**X**  
\_\_\_\_\_  
Print Name Signature Date

Reviewed 2/21/05 ASAP  
Reviewed 3/14/05 Faculty Meeting

