The following immunizations are **REQUIRED** by the JoAnne Gay Dishman School of Nursing Student Health Policy and **must** be completed one week prior to the first class day of the semester. According to the Texas Administrative Code (2016), nursing students must have all of the following vaccinations before they engage in direct patient contact:

1. **TUBERCULIN TEST (ANNUALLY):**
   a. Date tested (Must be current for the entire semester).
   b. Results*
      *Note: If TB test is positive, your Primary Care Provider must submit a statement concerning your current health status. If chest x-ray done, attach copy of the report.

2. **POLIO:** Not required if older than 18 years of age.
   a. Date of last oral dose
   OR
   b. Exempt by age

3. **TETANUS/DIPHTHERIA/PERTUSSIS:** An initial series of DTaP required **with** a Td booster documented after the age of 11 or 12 years, then a Td booster every 10 years.
   a. Proof of initial series
   AND
   b. Date of Tdap booster
   c. Date of last Td

4. **MEASLES:**
   a. Dates of 2 immunizations*
      *All individuals born on or after January 1, 1957, must show 2 doses of measles vaccine administration on or after their 1st birthday and at least 30 days apart.
      OR
   b. Confirmed immunity by serologic testing OR
   c. Confirmation of the disease from healthcare provider or official school records OR
   d. Written waiver or letter from primary care provider stating medial reason for exemption

5. **MUMPS:**
   a. Dates of 2 immunizations*
      *All individuals born on or after January 1, 1957, must show 2 doses of measles vaccine administration on or after their 1st birthday and at least 30 days apart.
      OR
   b. Confirmed immunity by serologic testing OR
   c. Confirmation of the disease from healthcare provider or official school records OR
   d. Written waiver or letter from primary care provider stating medial reason for exemption

6. **RUBELLA:**
   a. Date of last immunization
   OR
   b. Confirmed immunity by serologic testing
   OR
   c. Confirmation of the disease from healthcare provider or official school records
   OR
   d. Written waiver or letter from primary care provider stating medial reason for exemption
7. VARICELLA:  
   a. Dates of 2 immunizations  
      OR  
   b. Confirmed immunity by serologic testing  
      OR  
   c. Confirmation of the disease from healthcare provider or official school records  
      OR  
   d. Written waiver or letter from primary care provider stating medical reason for exemption

8. HEPATITIS B:  
   a. Dates of 3 immunizations (primary series)  
      AND  
      Laboratory confirmed immunity by serologic testing*  
      *If the serologic testing (blood test) is negative immunity, then the student must:  
        • Take one booster dose OR Repeat a 2nd series (3 immunizations)  
        • If, after repeating the Hep B series or Booster, immunity is not attained, the requirement has been met  
      OR  
   b. Confirmed immunity by serologic test*  
      OR  
   c. Written waiver or letter from primary care provider stating medical reason for exemption

9. INFLUENZA VACCINE (ANNUALLY):  
   a. Due by October 15 each fall semester  
      OR  
   b. Written waiver or letter from primary care provider stating medical reason for exemption.

Reference  

Original adopted by Faculty Association 1996; 12/6/2017