



**NOVA SOUTHEASTERN UNIVERSITY HEALTH PROFESSIONS DIVISION
MANDATORY IMMUNIZATION FORM**

First Name _____ Last Name _____

NSU ID _____ HPD Program _____ College of Pharmacy _____

THIS FORM MUST BE COMPLETED AND SIGNED BY YOUR HEALTHCARE PROVIDER PRIOR TO MATRICULATION

MEASLES, MUMPS and RUBELLA

Students must have received two doses of MMR vaccine **OR** have serologic immunity to measles and rubella.
Per the CDC serologic testing for mumps immunity is not a reliable test.

MMR vaccine: dose #1 ____ / ____ / ____ dose #2 ____ / ____ / ____
Date of Measles titer ____ / ____ / ____ Immune*: Yes ____ No ____ ***lab result must be attached**
Date of Rubella titer ____ / ____ / ____ Immune*: Yes ____ No ____ ***lab result must be attached**

TETANUS-DIPHTHERIA

Date of booster within the last 10 years: ____ / ____ / ____

VARICELLA

Serologic immunity to Varicella: Date of titer ____ / ____ / ____ Immune*: Yes ____ No ____ ***lab result must be attached**

HEPATITIS B

Serologic testing is required for Hepatitis B surface antibody.

Serologic immunity should be tested 1-2 months after completion of the three dose Hepatitis B series.

Hepatitis B Vaccines: dose #1 ____ / ____ / ____ dose #2 ____ / ____ / ____ dose #3 ____ / ____ / ____
Date of Hepatitis B Surface Antibody ____ / ____ / ____ Immune*: Yes ____ No ____ ***lab result must be attached**

TUBERCULOSIS SCREENING To be completed within 12 months prior to start of program

PPD Test Date	Date Read	Result (mm)	Negative or Positive	
If positive PPD, Chest x-ray date	Chest x-ray result	Treatment for TB?	Medications Taken	# Months Taken

I certify that the information herein is complete and accurate to the best of my knowledge.

Healthcare Provider Printed Name _____

Date _____

Healthcare Provider Signature _____

**MANDATORY
Office or Healthcare Provider Stamp:**

Office Phone Number _____

Office Address _____

NOTE: Students are required to keep **two (2)** copies of this form for **themselves**. Original form will not be available to you after submission.

Return completed form to: