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 Last Name (print) First Name Date of Birth Student ID

**To be completed and signed by a physician, health care provider, or clinic. You may attach signed record.**

<b>Immunization Record (Please type or print in black ink.)</b>				
A copy of your COMPLETE immunization record from a physician or clinic may be attached to this form. (See above for acceptable forms of documentation. Please note that you are required to have a series of three (3) Tetanus doses with a booster within the last 10 years. Also note that you may require a second Measles (Rubeola) booster. These are usually not current on your high school immunization records.)				
Required Immunizations	mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy
DTP or TD	#1	#2	#3	#4
TD Booster				
Polio				
MMR	#1	#2		
Measles			Disease Date	Titer Date & Result
Mumps			Disease Date	Titer Date & Result
Rubella			Disease Date	Titer Date & Result
Hepatitis B Series <small>(Date of Series Completion or Positive Titer) or waiver signed below</small>	Series Completed:			Titer Date & Result
Varicella Series <small>(Date of Series Completion or Positive Titer)</small>	Series Completed:			Titer Date & Result
Annual Tuberculin (PPD) Test <small>(or chest x-ray) If Healthcare Provider does not recommend a yearly chest x-ray, please obtain statement that there is no sign of infectious process at this time.</small>	Date and Result:			

\_\_\_\_\_  
 Signature of Physician's Signature or Health Care Provider Clinic Stamp Date

\_\_\_\_\_  
 Address Phone Number

**Hepatitis B Vaccination Waiver**

I understand that due to exposure to blood, body fluids, or other potentially infectious materials I encounter in my nursing student activities, I will be at risk for acquiring a Hepatitis B viral infection. I further understand that the Hepatitis B vaccine typically reduces the chances of developing the infection, a serious and possibly life-threatening disease. However, I choose to waive the requirement of the Hepatitis B Vaccination and will not hold Gardner-Webb University or any clinical agency responsible in the event I am exposed to or contract Hepatitis B.

\_\_\_\_\_  
 Signature of Student (Parent or Guardian if under the age of 18) Date

Return this form to:  
 Graduate School of Admissions, PO Box 7308, Gardner-Webb University, Boiling Springs, NC 28017 or fax to 704-406-3895.