Aurora University School of Nursing
Health Clearance Form

Student to complete:

Name: _____ **Date of Birth:** ____/____/____
Last First Middle Initial Month / Day / Year

Permanent Address: _____ **Cell Phone:** _____
Address

_____
City / State / ZIP

For Healthcare Provider:

Immunization Requirements for Nursing Majors:

- Provide immunization record(s) showing student is up to date, per CDC guidelines, on:
  - Tdap: must be within last 10 years
  - COVID-19 Vaccination
- Proof of immunity via titer (blood test) required for:
  - Measles IgG, Mumps IgG, Rubella IgG, Varicella Zoster IgG, and Hepatitis B (anti-HBs)
    If titer result is negative, equivocal, or non-immune, student must repeat the series.
    A repeat titer (1-2 months after repeated series) is only required for Hep B.
- TB Testing: Only acceptable test is QuantiFERON Gold blood test (will repeat annually)
- Influenza vaccine due by October 15th (for fall admits) or by November 15th (for spring admits)
  - Flu shots must be from the current season and given after August 1st.

Healthcare Provider (MD, DO, APP (NP or PA)) Statement

As a nursing student, this person will be assigned to provide direct patient care including, but not limited to, patient transfers, lifting, etc. This student is free of communicable disease and may participate in clinical training:

❒ **Without restrictions**
❒ **With restrictions:** If restrictions are needed, provide student with documentation. Student must email documentation to SchoolofNursing@aurora.edu for review.

Name of health care professional (office stamp is acceptable):_____
Address: _____
Phone: _____

Signature of health care professional:

_____ Date: _____