

WINONA STATE UNIVERSITY  
College of Nursing and Health Sciences – Department of Graduate Nursing  
**HEALTH INFORMATION FORM**

STUDENT NAME: \_\_\_\_\_ Date Completed: \_\_\_\_\_

**Graduate Nursing students should upload this form (*completed and signed*) and supporting documentation from their Health Care Provider to their Typhon account.**

**MEASLE, MUMPS, and RUBELLA (MMR) IMMUNITY**

The MMR vaccine affords protection against the infections of measles (rubeola), mumps (parotitis), and rubella (German measles). A second MMR dose is recommended at 11-12 years of age. Nursing students must:

- 1) provide dates for their last two MMR immunizations (which must be after 12 months of age); **or**
- 2) specify the date they had the rubella disease; **or**
- 3) have a rubella titer done (a blood test that assesses the presence of antibodies against the rebella virus).

1) Dates of last two MMR immunizations (must be after 12 months of age): \_\_\_\_\_

**--OR--**

2) Date of rubella disease: \_\_\_\_\_

**--OR--**

3) Rubella titer results: Immune \_\_\_\_\_ Not Immune \_\_\_\_\_ (MMR vaccination required) Date of titer: \_\_\_\_\_

**HEPATITIS B VACCINE**

The Hepatitis B vaccine affords protection against acute inflammation of the liver caused by the hepatitis B virus. Vaccination is **HIGHLY** recommended for nurses because they are part of a high-risk group of workers who are exposed to contaminated blood products and body fluids.

Nursing students are **strongly** encouraged to be immunized. Some clinical partners may require this vaccination or that students document their decision to decline this vaccine in order to be eligible to do clinicals at their site.

Immunizations are given in a series of 3 doses, and are available through public health departments, clinics, some hospital health services, and campus health centers.

1) Dates of Series: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

**--OR--**

2) Date of Hep.B titer \_\_\_\_\_

**CHICKENPOX (VARICELLA)**

As a nursing student, you must:

- 1) provide dates of two chickenpox immunizations, **or**
- 2) have a chickenpox titer done (a blood test that assesses the presence of antibodies against the chickenpox virus).

1) Dates of two chickenpox immunizations: \_\_\_\_\_

**--OR--**

2) Chickenpox titer results: immune \_\_\_\_\_ not immune \_\_\_\_\_ (Chickenpox vaccination required)

Date of titer: \_\_\_\_\_

**NURSING STUDENT STATEMENT OF CONTINUED HEALTH RESPONSIBILITY**

If there is a change in my health status, I understand a subsequent health examination may be required by the Department of Nursing. I understand it is my responsibility throughout the program of study to inform my clinical instructor(s) or the Dept. Chair of any condition that could possibly affect my performance or the welfare of my patients in the clinical area(s). I understand this is necessary to make appropriate arrangements for me to participate in my nursing courses. I understand that this disclosure is necessary to protect my health and well-being, as well as, the health and well-being of patients for whom I may provide care.

Health Information records may be shared by the Department of Graduate Nursing to clinical agencies upon request.

I declare the health information submitted into my Student Typhon account and on this form to be accurate, current and complete. I accept it is my responsibility to keep my health records up to date.

I further understand any falsification of this information is sufficient cause for dismissal from the Department of Graduate Nursing and its programs.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_