Angelo State University
Department of Nursing
Immunization Counseling Form

Name (Print): _____   Copy: Student ☐   Permanent File ☐

Date of Counseling: _____   Date of Event: _____

Clinical Course: _____

The *ASU Department of Nursing Student Handbook* states:

Immunizations: All pre-licensure nursing students must have completed certain immunizations prior to registering for classes. The immunization requirements are mandated by the State of Texas for all students in health related courses who will have direct patient contact. Evidence of the required immunizations must be submitted to the nursing office upon acceptance. The immunization form must be filled out completely and signed by a health care provider. If the immunization form is not completely filled out or is lacking a health care provider signature, the student will not be able to register. Additional immunizations may be required by the clinical facility. The student is responsible for cost of required immunizations.

TB Skin Tests: All students are required to have a tuberculosis skin test done within the calendar year of admission to the nursing program and annually thereafter while enrolled in undergraduate nursing courses. A record of your TB skin test is kept in your permanent file in the Nursing Program office. Students having a positive TB skin test or who have taken anti-tuberculosis medications must submit a physician's letter of clearance prior to the start of clinical.

Your immunization record with the Nursing Department is incomplete. You are currently missing:

_____

_____

You are responsible for obtaining the immunizations/tests listed above. You will not be permitted to attend your scheduled clinical until your immunization record is complete. You will receive one clinical unsatisfactory for every clinical day you miss. As stated in the *ASU Department of Nursing Student Handbook:*

> A pattern of more than two clinical "unsatisfactory" ratings may result in the student failing the clinical portion of the course, and as a result, receiving a failing grade for the course.

My signature, below, indicates I have read the contents of this document, understand my responsibilities regarding immunizations, and will obtain immunizations as requested.

Student Signature _____   Date _____

Faculty Signature _____   Date _____

Originated 4/26/2013