

**LOEWENBERG SCHOOL OF NURSING**  
**REQUIRED NURSING DATA Documentation Checklist**

Before scanning your documents, please initial and provide date of CPR expiration and all immunizations. Scan the above documents document in ONE (1) file (e.g. pdf); **do not scan this document in the pdf**. Save the PDF file as: yourname\_RND\_health\_documents. For example: crakestraw\_RND\_health\_documents. Save the checklist as a Word doc: yourname\_RND\_checklist; email the file with both attachments to [bsn@memphis.edu](mailto:bsn@memphis.edu) by the published deadline.

Student Name: \_\_\_\_\_

\_\_\_\_\_ Health Examination Form (**Form 003**) (4 pages)

\_\_\_\_\_ AHA CPR certification (front and back of card): **Expiration Date:** \_\_\_\_\_

\_\_\_\_\_ Hepatitis B Waiver if immunization for hepatitis B declined (**Form 004**)

**Before submitting your scanned documents, please provide dates for all immunizations:**

1. Tetanus diphtheria (TDap):

\_\_\_\_\_  
Date (within past 8 years)

2. Polio:

\_\_\_\_\_  
Date (last administration)

3. Measles, Mumps and Rubella:

\_\_\_\_\_  
1<sup>st</sup> dose                      2<sup>nd</sup> dose                      3<sup>rd</sup> dose (not required)

4. Hepatitis B Series (Hepatavax):

or

\_\_\_\_\_  
1<sup>st</sup> dose                      2<sup>nd</sup> dose                      3<sup>rd</sup> dose

Hepatitis B Titer:

5. Varicella (chicken pox) vaccine

or

\_\_\_\_\_  
1<sup>st</sup> dose                      2<sup>nd</sup> dose                      3<sup>rd</sup> dose (not required)

Varicella Titer:

\_\_\_\_\_

6. PPD

or

Chest x-ray

\_\_\_\_\_  
Date (within past 12 months)

\_\_\_\_\_  
Date

7. Influenza (flu) vaccine:

**Required for Spring admission**

\_\_\_\_\_  
Date (within current flu season)