

LOEWENBERG COLLEGE 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 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:

1st dose 2nd dose 3rd dose (not required)

4. Hepatitis B Series (Hepatavax):

or

Hepatitis B Titer:

1st dose 2nd dose 3rd dose

5. Varicella (chicken pox) vaccine

or

Varicella Titer:

1st dose 2nd dose 3rd dose (not required)

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)