



**Aurora University School of Nursing
Health Clearance Form**

Student to complete:

Name: _____ Last First Middle Initial	Date of Birth: ____/____/____ Month / Day / Year
Permanent Address: _____ Address _____ City / State / ZIP	Cell Phone: _____

For Healthcare Provider:

Immunization Requirements for Nursing Majors:

- Provide immunization record(s) showing student is up to date, per CDC guidelines, on:
 - MMR (Measles/Mumps/Rubella)
 - Varicella
 - Hepatitis B
 - COVID-19
 - Tdap Vaccine: must be within last 10 years
- If student immunization records are not available, the vaccination(s) series must be repeated or proof of immunity via titer (blood test) is required.
- TB Testing: Two-step TB skin test **or** QuantiFERON Gold test
- 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: _____