World Mission University
RN to BSN
Health Clearance Checklist

Student Name:

Date of Birth:

Term: Students are required to obtain the following vaccines to be able to be admitted into the RN to BSN Program.

All of the following immunization proofs must be signed by a primary physician within a year or **must be submitted with the record certified by an accredited institution such as a hospital/facility where you work within a year (a copy is acceptable).**

Immunization proof or titer results confirming:

List	Date				
Required Screening for TB (Within a year of class)	PPD (Date:_____/_____/_____) If positive chest X-ray _____ Or Blood Quantiferon-TB Test (_____)				☐ Clear for TB
Hepatitis B	1st	2nd	3rd	If not, Ab test	
Flu Shot	Within in one year (Date:_____/_____/_____)				

Please submit this health clearance checklist and immunization proof as soon as possible.
Do not write below this line

_____

Student file reviewed by: Director of Nursing

Date: