



**UNIVERSITY OF NORTH DAKOTA
HISTOTECHNICIAN CERTIFICATE PROGRAM
VERIFICATION OF IMMUNIZATION AND HEALTH STATUS**

Students are expected to complete a practicum at a clinical affiliate site through the entirety of the program. In order for students to participate in a practicum, clinical affiliates require that UND MLS maintain certain health and immunization records.

Failure to submit this documentation may result in your inability to start the UND HT Program.

Documentation (photocopies) for each of the following must accompany this form.

**Please submit the completed immunization records [HERE](#) or email to:
kyleen.newman@und.edu**

Student Name: _____

Email: _____

REQUIREMENTS:

Varicella Immunity (Email proof of immunity using one of the two options below)

- I have received 2 doses of the Varicella-Zoster Vaccine. Select one of the following options:
Dose #1 Date: _____ Dose #2 Date: _____
- I have proof of the Varicella titer. (Signed documentation of disease is not valid)

Hepatitis B Immunity (Email proof of immunity using one of the two options below)

- I have received 3 doses of the Hepatitis B vaccine. Select one of the following options:
Dose #1 Date: _____ Dose #2 Date: _____ Dose #3 Date: _____
- I have proof of Hepatitis B titer.

MMR Immunity (Email proof of immunity using one of the two options below)

- I have received 2 doses of the MMR vaccine after 12 months of age. Select one of the following options:
Dose #1 Date: _____ Dose #2 Date: _____
- I have proof of MMR titer.

Tetanus Immunity (Email proof of immunity, must have been vaccinated within the last 10 years)

Date of most recent Tetanus Vaccination: _____

Sars-CoV-2 Immunity (Email proof of immunity)

- I have received 2 doses of a COVID-19 Vaccine (Pfizer, Moderna, or Johnson & Johnson)
Dose #1 Date: _____ Dose #2 Date: _____ Date(s) of Booster: _____



Tuberculin Test (email documentation using one of the two options listed below):

A TB Mantoux test screening series consisting of a 2-step tuberculin skin tests administered 1 – 3 weeks apart, and both **within 3 months of starting your clinical rotation.**

Date #1: _____ Result: _____ Date #2: _____ Result: _____

QuantiFERON-TB Gold or T-Spot Blood test Date (**must be within 3 months of starting your clinical rotation**): _____

If you have a history of a positive Mantoux test or previous reaction/vaccination you must provide proof of a negative chest x-ray along with documentation of advised medical treatment.

Seasonal Influenza Immunity (Email proof of immunity)

The seasonal Influenza vaccine must cover the entire Influenza season (October- April) that you are attending the clinical practicum.

Date of Influenza Vaccination _____

For students who have not received and do not plan on obtaining one or more of the listed immunizations, a signed declination statement must be completed. Note: Clinical sites have the right to refuse your entrance if you do not complete required vaccination series.

- I do not plan on obtaining one or more of the required immunizations listed on this form.
- I acknowledge that clinical sites may refuse entrance if I do not complete a required vaccination series.
- I understand that I must sign and return the declination letter in order for this form to be considered complete.

Health Insurance: Students must carry health insurance coverage prior to the start of the summer session throughout the entire clinical practicum experience. (Email proof of insurance/photocopy of health insurance card)

Company: _____ Policy #: _____

Student Signature: _____

Date: _____

Questions or concerns? Please contact Kyleen Newman at kyleen.newman@und.edu