



**UNIVERSITY OF NORTH DAKOTA**  
**DEPARTMENT OF MEDICAL LABORATORY SCIENCE**  
**VERIFICATION OF IMMUNIZATION AND HEALTH STATUS**

The final year of study involves a clinical rotation at a clinical affiliate site. In order for students to participate in a clinical rotation, clinical affiliates require that UND MLS maintain certain health and immunization records. Note, failure to submit this documentation may result in your inability to participate in a clinical rotation and successfully complete the UND MLS program. Documentation (photocopies) for each of the following must accompany this form.

**All documentation for Part A, including this form, must be emailed to [katelyn.kucera@und.edu](mailto:katelyn.kucera@und.edu) by June 1<sup>st</sup>, 2024.**

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

Email: \_\_\_\_\_

**PART A: To be Completed by June 1<sup>st</sup>, 2024**

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

I have received 2 doses of the Varicella-Zoster Vaccine.

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.

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.

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 a COVID-19 Vaccine (Pfizer, Moderna, or Johnson & Johnson)


Date(s) of vaccination(s) : \_\_\_\_\_

Manufacturer(s): \_\_\_\_\_

**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 #: \_\_\_\_\_

Questions or concerns? Please contact Katie Kucera at [katelyn.kucera@und.edu](mailto:katelyn.kucera@und.edu)



**PART B: To be Completed On-Campus, Fall 2024 Semester**

**Tuberculin T-Spot Test (Email proof of negative TB)**

A TB T-spot blood test will be completed during the on-campus fall session. UND MLS will coordinate the necessary testing in the fall for students. Estimated cost of a T-spot test is \$80. **Do not complete the TB T-Spot test prior to coming to the on-campus fall session.**

**Seasonal Influenza Immunity (Email proof of immunity)**

Date of Influenza Vaccination must be after September 15<sup>th</sup>, 2024

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