

**University of North Dakota
Department of Medical Laboratory Science
Verification of Immunization and Health Status**

Documentation (photocopies) of vaccination and health insurance requirements listed below must accompany this form. For the protection of patients, students, and employees the UND Department of Medical Laboratory Science require that all students document the following data prior to the beginning of their final year of study. Students will not be allowed to enter the senior professional program without providing the information.

All documentation, including this form, must be emailed to allison.waswick@UND.edu by May 10th, 2021.

Student Name: _____

Email: _____

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: _____

Tuberculin Mantoux Test: A TB series consisting of a 2 step tuberculin skin test will be completed during the on-campus fall session. **Do not complete the TB Mantoux Testing prior to coming to the on-campus fall session.**

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

If you have a history of a positive Mantoux test or previous reaction/vaccination you must provide proof of a negative chest x-ray after May 1, 2021 along with documentation of advised medical treatment. If you have had the BCG vaccination, please contact Allison Waswick to aid in determining the appropriate route of further testing and documentation required.

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 Allison Waswick at allison.waswick@UND.edu