

Pre licensure

BSN Completion

WESTERN ILLINOIS UNIVERSITY

School of Nursing

Student Health Form

Student Name:	WIU ID:			
<i>The following immunization and screening information is mandatory! Documentation from the healthcare provider is mandatory.</i>				
Immunization and titer record*				
Health History Updates (required annually)	#1 _____ #2 _____ #3 _____			
TB Skin Test (required annually)	Type:	Date of Test	Read	Results
	Step 1			
	Step 2			
	#3			
	#4			
	International Students Only: QFT Blood Test: _____			
	If positive, date of last chest x-ray and symptoms review _____			
MMR Measles/Mumps/Rubella Vaccine* *In instances of non-immunity after repeated documented immunization, this requirement is waived.	Rubella Titer Date: _____ <input type="checkbox"/> Immune <input type="checkbox"/> Non-Immune Rubeola Titer Date: _____ <input type="checkbox"/> Immune <input type="checkbox"/> Non-Immune Mumps Titer Date: _____ <input type="checkbox"/> Immune <input type="checkbox"/> Non-Immune Date of booster (if needed): _____ Date of 2 nd titer (if needed): _____ <input type="checkbox"/> Immune <input type="checkbox"/> Non-Immune			
Varicella	Date of Titer _____ <input type="checkbox"/> Immune <input type="checkbox"/> Non-Immune Date(s) of Vaccine #1 _____ #2 _____ Date of 2 nd Titer _____ <input type="checkbox"/> Immune <input type="checkbox"/> Non-Immune			
7-Panel Drug Screen	Date of Test	Results	Date of Test	Results

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Tetanus – diphtheria immunization (Td/Tdap) (booster within 10 years)	Date of immunization: _____
Influenza (required 30 days after vaccine available from Beu Health Center)	Date of immunization: #1 _____ #2 _____ #3 _____
Meningococcal	Date of immunization: _____
Hepatitis A	Date of immunization: #1 _____ #2 _____
Hepatitis B	Date of titer: _____ <input type="checkbox"/> Immune <input type="checkbox"/> Non-Immune Date of booster (if needed): _____ Date of 2 nd titer (if needed): _____ <input type="checkbox"/> Immune <input type="checkbox"/> Non-Immune
Insurance Data**	
I carry hospitalization and/or sickness and accident insurance. _____ Yes _____ No	
Please include copies of immunization records and/or lab results to verify the information listed above. Health requirement & policies apply to all students in patient care areas. It is the student’s responsibility to submit accurate and timely information. To the best of my knowledge, the above information is correct, and I do not currently have a communicable disease or health condition that would put myself or the patients/clients at risk.	
_____	_____
Student signature	Date
*Beu Health Center can do immunizations and titers for students if they are currently registered students paying tuition and fees at WIU. There is a cost for all services through Beu Health Center. Prospective students not currently enrolled at WIU will have to seek those services elsewhere, e.g. private physician or public health department.	
*Students should make an appointment with, Candy Fidler, RN (298 1888 ext 231) to review their health forms and immunization status. Students must provide documentation of past immunizations no later than August 1.	
**Enrolled students with own health insurance will be assessed WIU student insurance per university policy - they may apply for a waiver through the student insurance office no later than the 10th day of the semester. Waivers are approved if equal or better coverage. Robin Wilt (298 1882) is the Student Insurance program administrator, and will answer any questions regarding the program.	