

Immunization Requirements for Houston Nursing Programs At Texas Woman's University

Immunization Compliance Inquiries to:
Immunization Program Phone: (940) 898-3825
P.O. Box 425467 (888) 898-8825
Denton, TX 76204-5467
<https://patient-twu.medicatconnect.com/>

IMPORTANT: SUBMISSION OF REQUIRED IMMUNIZATION RECORDS IS NECESSARY TO COMPLY WITH TEXAS ADMINISTRATIVE CODE TITLE 25, P1, CH97, SUBCH B, RULE §97.61 AND THE POLICY OF TEXAS WOMAN'S UNIVERSITY.

Name: _____ Student ID: _____
Date of Birth: ____/____/____ Phone #: (____) _____
Email Address: _____@_____ Alt. Phone #: (____) _____
Current Address: _____
Address City/State Zip
Sex (Male/Female): _____

PROOF OF THE FOLLOWING IMMUNIZATIONS IS REQUIRED PRIOR TO CLINICALS

**** All Vaccine/Immunization records must include full dates i.e. month/day/year & health care providers' signatures. Health care provider initials may be considered sufficient if the document is on a health care provider's letterhead including the name & address of the practice. School records will NOT be accepted. Immunization records submitted without thorough documentation will not be accepted at any clinical site and students will be required to repeat vaccines or obtain titers in lieu of vaccines if applicable. All immunization records should be uploaded to TWU Student Health Patient Portal at <https://patient-twu.medicatconnect.com/>**

Tdap – Tetanus, Diphtheria and Pertussis 1 dose received as an adult after age 18, expires after 10 years (TD, DTap not accepted).

Flu – must be current Flu season (September –April) due annually. Record must include Flu Lot number.

TB Screening - dated within the past year, **TB Blood Test (QuantiFERON Gold or T-Spot) or 2-Step PPD Skin Test.** After a positive TB Test, you must have a Chest X-Ray and TB Clearance Statement. Chest X-rays are good for two years.

MMR Requirement - Must upload documentation of receiving two doses of the MMR vaccine **OR** a Positive MMR Titer. (Titers must be dated within the past five years, and the lab report must include reference ranges)

Varicella Requirement - Must upload documentation of receiving two doses of the Varicella vaccine **OR** a Positive Varicella Titer. (Titers must be dated within the past five years, and the lab report must include reference ranges)

Hepatitis B Requirement - Must upload documentation of receiving the 3-dose or 2-dose Hep B vaccine **AND** a Positive Hep B Surface Antibody Quantitative Titer **OR** a Positive Hep B Surface Antibody Quantitative Titer. (Titers must be dated within the past five years and include reference ranges)

Student must sign for immunization compliance:

I certify that, to the best of my knowledge, the above information and attached copies are true and correct.

I also give my consent for the release of my immunization records to faculty/staff at Texas Woman's University. I further consent to the release of my immunization records to any clinical facility that I request they be sent to for clinical rotations or employment.

Student Signature

Date Signed