

# 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 must be renewed every 10 years.

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

**TB Screening** – within past one year, TB Skin testing results **must include induration**. **After a positive TB Skin test you must have a TB Blood test prior to having a Chest Xray.** Please read the information on the backside of this form carefully to ensure that you submit the appropriate test results for TB Screening.

**MMR Positive Titer** (CPT 86765, 86735, 86762) – Measles, Mumps & Rubella Titer (must submit lab report with reference ranges for Titers).

**Varicella Positive Titer** (CPT 87682) – must submit lab report with reference ranges for Titers.

**Hepatitis B Series** (3 doses) - dose 2 (30) days after dose 1, dose 3 (5 months) after dose 2.

**Hepatitis B Titer** (Hepatitis B Surface Antibody - Quantitative) (CPT 86706) – after completion of Hepatitis B Series.

### **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

In accordance with Leg. House Bill 1922, an individual is entitled to request to be informed about the information collected about them; receive and review their information; and correct any incorrect information. Disclosure of your social security number is required in order to set up your immunization status at Texas Woman's University. Your social security number will be used as a unique number to identify you. Any further disclosure of your social security number will be governed by the Public Information Act (Chp 552 of the Texas Government Code).