

**LINFIELD-GOOD SAMARITAN SCHOOL OF NURSING**  
**RN to BSN Program STUDENT HEALTH PASSPORT**

This document is your passport to clinical/field experiences. You will not be allowed to participate in field experiences without showing this documentation to your instructor. It must be verified as complete prior to each semester to be valid.

NAME \_\_\_\_\_ / / \_\_\_\_\_ Last  
Last First MI DOB

1. Health assessment form \_\_\_\_ yes (on admission) Comment: \_\_\_\_\_

2. Tuberculin Skin Test (PPD) Date \_\_\_\_\_ Result \_\_\_\_\_

Previous positive reactor or BCG vaccine with positive reaction

Date \_\_\_\_\_ Chest x-ray date and result \_\_\_\_\_

Prophylactic medication prescribed and completed. Date \_\_\_\_\_

3. Diphtheria/Tetanus (every 10 years) Td booster Date \_\_\_\_\_

4. Measles, Mumps & Rubella: All students are required to have 2 documented doses of MMR vaccine or laboratory evidence of Measles and Rubella immunity by titers.

a. Dates of vaccine: MMR 1 \_\_\_\_\_ MMR2 \_\_\_\_\_

OR b. Date drawn and result of: Measles titer \_\_\_\_\_ Result \_\_\_\_\_

- Rubella titer \_\_\_\_\_ Result \_\_\_\_\_

5. Hepatitis B Vaccine OR Declination Waiver:

Hepatitis B Vaccine: (dates of vaccine)

HB#1 \_\_\_\_\_ HB#2 \_\_\_\_\_ HB#3 \_\_\_\_\_

(3 injections of vaccine given at intervals of 0, 1 and 6 months AND/OR

a. Hepatitis B surface antibody positive (anti-HBs positive \_\_\_\_/\_\_\_\_/\_\_\_\_ (titer)

OR b. History of Hepatitis B disease (AntiHbC positive) \_\_\_\_/\_\_\_\_/\_\_\_\_

OR c. Hepatitis B declination waiver signed \_\_\_\_/\_\_\_\_/\_\_\_\_

6. Chickenpox (varicella): Complete one of the following:

a. Date of the disease \_\_\_\_/\_\_\_\_/\_\_\_\_

b. Date and result of varicella titer \_\_\_\_/\_\_\_\_/\_\_\_\_

c. Dates of vaccination: \_\_\_\_/\_\_\_\_/\_\_\_\_ Varivax #1 \_\_\_\_\_ Varivax #2 \_\_\_\_\_

7. Polio (dates): 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

8. CPR (A Healthcare Provider class or CPR for the Professional Rescuer from the Red Cross are acceptable courses):

Expiration Date \_\_\_\_\_

9. Bloodborne pathogen training Date \_\_\_\_\_

10. OSHA Training Date \_\_\_\_\_

11. Essential Functions form Date \_\_\_\_\_

12. Criminal Background Check Date \_\_\_\_\_

13. HIPAA Training Date \_\_\_\_\_

I verify the information contained in this passport is accurate and backed with the appropriate documentation.

Senior Fall Semester \_\_\_\_\_ Date \_\_\_\_\_

Spring Semester \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_