



Submit directly to the Compliance Office: A105

Fax to: 617-690-3730 (secure fax)

Email to: laboure_compliance@laboure.edu

Student name > _____

Date of Birth > _____

Student ID > _____



MMR vaccine (Measles, Mumps, Rubella): 2 doses (minimum of 28 days apart)

OR

Measles, Mumps, AND Rubella titers

(All results must be positive)

MMR #1

date: _____

MMR #2

date: _____

Measles date: _____

Result: pos(+) neg(-)

Mumps date: _____

Result: pos(+) neg(-)

Rubella date: _____

Result: pos(+) neg(-)



Varicella vaccine (Chicken Pox): 2 doses

OR

Varicella titer (result must be positive)

History of Chicken Pox is not acceptable.

Varicella #1

date: _____

Varicella #2

date: _____

Varicella titer

date: _____

Result: pos(+) neg(-)



Hepatitis B vaccine: 3 dose series

OR

Hepatitis B titer (result must be positive)

Hep B #1 date: _____

Hep B #2 date: _____

Hep B #3 date: _____

Hep B titer

date: _____

Result: pos(+) neg(-)



Tdap vaccine (Tetanus, Diphtheria, Pertussis): Every 10 years

Tdap date: _____



Flu Shot (Influenza vaccine): Annually

Get it as soon as available during the Flu Season (may not attend clinical without it!)

Flu Shot date: _____

See back for "decline" option



PPD (Tuberculosis Skin Test): Annually before the start of a clinical course by: August 15th (fall); December 15th (spring); April 15th (summer I/II)

PPD date: _____

Result: pos(+) neg(-)

Result must be negative



If PPD is positive: Chest X-Ray every 5 years AND



Annual TB Symptom Review Form

CXR date: _____

Result: pos(+) neg(-)

TB Symptom Review Form Complete:

Signature of Healthcare Provider (MD/DO/NP/PA)

Date



Health Insurance: *Students taking 9 or more credits are required to have health insurance and will be automatically enrolled in the Student Health Insurance Plan.*

If you have comparable insurance and do not wish to enroll in the *Student Health Insurance Plan* you must waive ONLINE by the announced deadline. Visit the *Health and Safety Compliance* section at my.laboure.edu.



Criminal Offense Record Information (CORI): *All students must complete the CORI forms and ID check.*

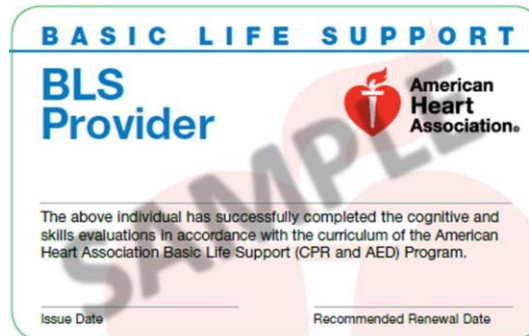
This requires an in-person check of your government issued ID. It may not be done via email or mailing. Visit my.laboure.edu for the forms, then stop by the Compliance Office, A105, to complete the process.



CPR Certification: Renew *Every Two Years*. Submit a copy of the card, front and back.

before the start of a clinical course by: August 15th (fall); December 15th (spring); April 15th (summer I/II)

The following course is the ONLY approved course.



Flu Shot Decline (option): *Annually*

Students may decline the Annual Flu Shot. This must be done annually, in writing in the section below.



Please be aware that some clinical sites may *not admit* a student who has not received a Flu Shot, while others will require a *mask to be worn* in patient care areas.

I acknowledge that I am aware of the following facts:

- Influenza (Flu) is a serious respiratory disease that kills thousands of people in the United States each year.*
- Flu vaccination is recommended for me and all other college students to protect the college community from the Flu.*
- If I contract Flu, I can shed the virus for 24 hours before Flu symptoms appear. Shedding the virus can spread the Flu.*
- If I become infected with the Flu, even if my symptoms are mild, I can spread it to others and they can become seriously ill.*
- I understand that the strains of virus that cause Flu infection change almost every year and, even if they don't change, my immunity declines over time. This is why vaccination against influenza is recommended each year.*
- I understand that I cannot get the Flu from the Flu vaccine.*
- The consequences of my refusing to be vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact, including*
 - my family*
 - my coworkers*
 - my community*
 - patients in my clinical agency*

Despite these facts, I am choosing to decline Flu vaccination for the following reason(s): _____

I have read the above and I Decline

Student Signature

Print Name

Date