



Aurora University and George Williams College of Aurora University
School of Nursing

Health Clearance Form

Student to complete:

Name: _____ Date of Birth: ____/____/____
Last First Middle Initial Month / Day / Year
Permanent Address: _____ Cell Phone: _____
Address
City / State / ZIP

For Healthcare Provider:

Immunization Requirements for Nursing Majors:

- Provide immunization record(s) showing student is up to date, per CDC guidelines, on: MMR (Measles/Mumps/Rubella), Varicella, Tdap/Td, COVID-19, and Hepatitis B
- If student is not up to date, then proof of immunity via titer (blood test) required for: Measles, Mumps, Rubella, Varicella, and Hepatitis B
- Two-step TB skin test (initial, then one-step annually) *or* Quantiferon Gold test (annually)
- Tdap or Td booster must be within last 10 years
- Influenza vaccine required (August-March)

Healthcare Provider (MD, DO, APP (NP or PA)) Statement

This patient is free of clinically apparent communicable disease and current with immunizations. Titers ordered, if indicated.

As a nursing student, this person will be assigned to provide direct patient care including, but not limited to, patient transfers, lifting, etc. This student may participate in clinical training:

Without restrictions
 With restrictions: If restrictions are needed, provide student with documentation. Student must email documentation to SchoolofNursing@aurora.edu for review.

Name of health care professional (office stamp is acceptable): _____

Address: _____

Phone: _____

Signature of health care professional:

Date: _____