WAGNER COLLEGE

Evelyn L. Spiro School of Nursing

VACCINATION STATUS
*REQUIRED ONCE ONLY
ACADEMIC YEAR 2024-2025

-

DATE:_____ Circle One: MS DNP

LAST NAME	FIRST NAME	Date of Birth	WAGNER ID
ADDRESS	CITY, STATE	ZIP	
GENDER IDENTITY ☐ Male ☐Female ☐Other	PHONE (cell)	Wagner email	

DO NOT WRITE BELOW THIS LINE **DO NOT WRITE BELOW THIS LINE**

PART A: MMR/VARICELLA **DATE FORM COMPLETED_____**

	PROOF OF TWO DOSES		**OR**	**PROOF OF TITERS**	
MMR	Dose #1 Date	Dose #2 Date	**OR**	Date Drawn	Immune/Not Immune
MEASLES	Dose #1 Date	Dose #2 Date	**OR**	Date Drawn	Immune/Not Immune
MUMPS	Dose #1 Date	Dose #2 Date	**OR**	Date Drawn	Immune/Not Immune
RUBELLA	Dose #1 Date	Dose #2 Date	**OR**	Date Drawn	Immune/Not Immune
VARICELLA	Dose #1 Date	Dose #2 Date	**OR**	Date Drawn	Immune/Not Immune
IF NO PROOF OF VACCINES AND TITERS ARE NEGATIVE PT WILL REQUIRE VACCINATION:					
1ST DOSE DATE				PATIENT TO RETURN ON	

PART B: HEPATITIS B

	PROOF OF THREE DOSES		**AND**	**PROOF OF TITERS**
Dose #1 Date	Dose #2 Date	Dose #3 Date		Date Drawn
IF NO PROOF OF VACCINES AND TITERS ARE NEGATIVE PT WILL REQUIRE VACCINATION:				
1ST DOSE DATE				PATIENT TO RETURN ON:
☐**PATIENT IS A NON RESPONDER**				☐**REFERRAL TO SPECIALIST**

PART C: TDAP (WITHIN LAST 10 YEARS)

DATE GIVEN:	

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PART D: MENINGOCOCCAL VACCINE

Date of Meningococcal (ACWY-135) vaccine: _____

OR

TO DECLINE (signature required):
I understand that during my clinical experience I may be exposed to potentially infectious materials and I may be at risk of acquiring meningitis infections
.
I decline the meningitis vaccination at this time. I have been informed and understand the possible risks of acquiring meningitis.

Student/Patient Signature: _____ Date:_____

PART E: SEROGROUP B MENINGOCOCCAL VACCINE

Date of Meningitis Serogroup B (Men B) Vaccine: _____ SECOND DOSE DUE ON:_____

N/A due to age- 24 years or older ☐

OR

TO DECLINE (signature required):
I understand that during my clinical experience I may be exposed to potentially infectious materials and I may be at risk of acquiring meningitis infections
.
I decline the Meningitis B vaccination at this time. I have been informed and understand the possible risks of acquiring meningitis.

Student/Patient Signature: _____ Date:_____

PROVIDER NAME:	STAMP and SIGNATURE
PHONE NUMBER:	