Blackstone Valley Practical Nursing Program
Verification of Health Records HCP Signature Form – 2023-2024

Student Name: _____ Date: _____ Cohort: 2024-2026

All Health Requirements must be submitted prior to the start of the PN Program by August 1, 2024.
All Health Requirements must be within 1 years prior to the start of the PN Program – August 1, 2023-August 1, 2024.
See Health Requirements Column. Documentation must be submitted as evidence of Health Requirements, as needed.
Please complete the following Health Record Signature.

Health Requirements	Health Requirements		Results (Dates and Results)
Influenza (Flu)	1 dose of Flu Vaccine every Flu season or prior to start of the program	→	Flu Vaccine Date:
Tdap (Tetanus, Diphtheria, Pertussis)	1 dose of Tdap vaccine within 10 years	→	Tdap Vaccine Date:
MMR (Measles, Mumps, Rubella) – 2 vaccines 28 days apart OR titers for each.	Dose #1: #2:	OR	Measles Titer (Date & Results): Mumps Titer(Date & Results): Rubella Titer(Date & Results):
Varicella (Chickenpox) - 2 vaccine greater than 4 weeks apart, titer or history of disease (HCP Note Needed)	Dose #1: #2: **OR** History of Disease (HCP Note)	OR	Varicella Titer(Date & Results):
Hepatitis B- Series 2 or 3 and Hepatitis B Titer- Hepatitis B or Acknowledge for Non-Responder	Series #1: Series #2: Series #3: Hepatitis B Acknowledge for Non-Responder:	AND	Hepatitis B Titer(Date & Results)::
Meningococcal	1 dose for any full time or part time health science student before the age of 21 or younger.	→	Meningococcal Vaccine Date:
Tuberculosis	1 negative IGA blood test (t-spot or QuantiFERON) within 1 year. **OR** History of Positive TB	→	TB Blood Test(Date & Results): **OR** Negative Chest X-Ray within past 2 years. **And** TB Blood Test(Date & Results)::
Covid – 19 Need copy of Covid card showing all Covid vaccinations and boosters	Moderna/Pfizer Dose #1: #2: **OR** Johnson & Johnson Dose #1:	AND	Covid Booster Date: **and/or** Covid Bivalent Date: **and /or** Covid Fall 2023 Novavax Booster Date:

HCP Print Name: _____

HCP Signature: _____ Date: _____