

UNM-GALLUP NURSING PROGRAM CLINICAL READINESS CHECKLIST

Student: _____ Date: _____

ITEM	DATE/VERIFYING INSTRUCTOR		
HIPAA MODULE			
OSHA/BLOODBORNE PATHOGENS MODULE			
CURRENT CPR American Heart Association – BLS Provider	Expiration Date:	Expiration Date:	
IMMUNIZATIONS			
ANNUAL 2-step PPD or IGRA blood test* (*US Renal requires a 2-step TST or IGRA test done within 1 year at the start of Level 3 semester.)	1 st PPD	2 nd PPD	CXR (as needed) Date: Results
	Date: Date: Results:	Date: Date: Results:	
	IGRA blood test 1 st year Date: 2 nd year Date:		
MMR x 2 OR TITER	Date: Date:	Date: Titer results:	
HEP B (3 doses of Engergix-B, Recombivax or Twinrix or 2 doses of Heplisav-B) OR TITER	Date: Date: Date:	Date: Titer results:	
Tdap (Every 10 years)	Date:	Date:	
VARICELLA X 2 OR TITER	Date: Date:	Date: Titer results:	
ANNUAL PHYSICAL EXAM CLEARANCE (<i>once a year starting from their first admission to the program and after significant health status change</i>)	Date: Date:		
ANNUAL FLU VACCINE	Date:	Date:	
COVID-19 VACCINE	Dose 1 date: Product name: Clinic location	Dose 2 date: Product name: Clinic location:	
	Dose 3 date: Product name: Clinic location	Dose 4 date: Product name: Clinic location:	
	Other dose date: Product name: Clinic location:	Other dose date: Product name: Clinic location:	

CONFIDENTIALITY STATEMENT

Other dose date:
Product name:
Clinic location:

Other dose date:
Product name:
Clinic location: