

**CALIFORNIA STATE UNIVERSITY, EAST BAY  
NURSING DEPARTMENT REQUIRED RECORDS – LICENSED RN**

<b>BACKGROUND CHECK</b> <b>**MUST use Nursing Department Background Check Agency ONLY</b>									
<b>DRUG SCREENING</b> <b>**MUST use Nursing Department Drug Screening Agency ONLY</b>									
<b>TITERS = blood tests (not shots).</b> <b>**Even if you have immunization/shot records, we still require proof of immunity through a blood test for surface antibodies (titer) for #1-3.</b>									
<p><b>1. RUBELLA (German Measles), RUBEOLA (Regular Measles) AND MUMPS</b>            Positive titer (immune) required for <b>ALL THREE SEPARATELY</b>. Test for IgG antibody.  <u><b>If titer is negative</b></u>, provide proof of <b>two</b> live virus MMR vaccinations at least <b>one month apart</b>.  <b>**Must get another titer after shot series is complete.</b></p>									
<p><b>2. VARICELLA</b>            Positive titer (immune) required. Test for IgG antibody.  <u><b>If titer is negative</b></u>, provide proof of <b>two</b> doses of live virus at least <b>one month apart</b>.  <b>**Must get another titer after shot series is complete.</b></p>									
<p><b>3. HEPATITIS B</b>            Positive titer (immune or “reactive”) required. Test for <u>Hep B surface antibody</u>.  <u><b>If titer is negative</b></u>, provide proof of <b>three</b> doses of live vaccination series received after the date of the negative titer.            (Second shot must be <b>1 month</b> after first shot and third shot must be <b>5-6 months</b> after second shot).  <b>**One-two months after 3rd shot in series – must get another titer as proof of immunity.</b></p>									
<p><b>4. FLU VACCINE</b>            Please get flu vaccine (influenza) between September 1 and October 20. Due October 20.</p>									
<p><b>5. DIPHTHERIA-TETANUS-PERTUSSIS (Tdap)</b> shot within ten years.  <b>**This is an “adult” shot, not DTaP or DTP (childhood versions).</b>  <b>**A Td shot (Tetanus-Diphtheria only) does NOT cover this requirement.</b></p>									
<p><b>6. PPD (Tuberculosis Skin Test) - 2 NEGATIVE results satisfy this requirement.</b></p> <ul style="list-style-type: none"> <li>● <b>If you have NOT had a TB skin test within the last 12 months:</b>              Submit a Negative <u>two-step</u> within 3 weeks of each other (4 doctor visits total) –<b>OR–</b> Submit 1 negative QuantiFERON Gold blood test or T Spot test within 1 year.</li> <li>● <b>If you have ONE TB skin test result within the last 12 months</b>              Submit it plus ONE MORE TB test result within 12 months of your most recent one (one-step result).</li> <li>● <b>If you have TWO TB skin test results within the past 2 years</b>              Submit both PPD results. The 2<sup>nd</sup> result must be within 12 months of submission date. The 1<sup>st</sup> result must be no more than 12 months before your 2<sup>nd</sup> result. If MORE THAN 12 months passed between your first and second results, you need to get ONE MORE TB test (one-step).</li> </ul> <p><b><u>PPD Results last for 12 months – they must NOT during your community health rotation.</u></b></p> <p><b>If POSITIVE PPD</b>, then a Chest X-Ray <u>REPORT</u> within 3 years is required <b>AND</b> negative symptom screen. (Use Nursing Department Annual TB Symptom Screen Form if your PPD is positive).</p>									
<p><b>7. COVID-19 Vaccine</b>            Submit proof of a complete COVID-19 vaccine series of 2 shots at least 21 days apart or as recommended depending on the vaccine type received. Proof must include manufacturer and vaccination date/s. Appropriate booster will also be required.</p>									
<p><b>8. OTHER REQUIREMENTS</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">AHA BLS Provider Certification</td> <td style="width: 33%;">Physical Exam</td> <td style="width: 33%;">Sigma Consent Form</td> </tr> <tr> <td>Health Insurance Proof</td> <td>California RN License</td> <td>Photo Release Form</td> </tr> <tr> <td>Student Handbook Affirmation Page</td> <td></td> <td>COVID-19 Vaccine + Booster</td> </tr> </table>	AHA BLS Provider Certification	Physical Exam	Sigma Consent Form	Health Insurance Proof	California RN License	Photo Release Form	Student Handbook Affirmation Page		COVID-19 Vaccine + Booster
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