

Attestation of Health Requirements

Name of Student:		Dates of Externship:	
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Completion of this form serves as an attestation that the above-named student has met all health requirements as outlined by the DePaul University School of Nursing, and that documentation of proof is available upon request.

Requirement	Timeline
Background Check	Current (within 1 year)
Drug Screen	Current (within 1 year)
Measles, Mumps, and Rubella (MMR) Titer	No expiration for titers
Varicella (Chicken Pox) Titer	No expiration for titers
Hepatitis B Titer	No expiration for titers
Tuberculosis Screening	Current (within 1 year)
Tetanus, Diphtheria, and Pertussis (Tdap) Immunization	Current (within 10 years)
Influenza Vaccination	Current season
CPR Certification	Current (within 2 years)
Proof of Health Insurance	Current

Name of Attester:		Signature:	
Title:		Date:	