



# SAINT LOUIS UNIVERSITY

## School of Nursing

3525 Caroline Mall  
St. Louis, MO 63104  
Phone 314-977-8900  
Fax 314-977-8949

Welcome to the School of Nursing. I am writing to make you aware of the following Saint Louis University School of Nursing requirements that must be completed by November 1 for summer and fall admits. The following items are needed and descriptions are attached.

**The required documents can be delivered to the School of Nursing in one of three ways unless otherwise stated:**

- Scanned and emailed to Christina Butler at: [christinabutler@slu.edu](mailto:christinabutler@slu.edu)
- Faxed to Christina Butler at: 314-977-8949  
(This is a shared fax machine. Please put "Attn Christina Butler" at the top of each page)
- Mailed via U.S. postal service to:

RN-BSN ATTN: Christina Butler,  
Saint Louis University School of Nursing,  
3525 Caroline Mall, Room 224  
St. Louis, MO 63104.

**Make sure applicable forms are SIGNED before sending.**

Please email [christinabutler@slu.edu](mailto:christinabutler@slu.edu) for any questions.

Sincerely,

Joanne C. Langan, PhD, RN, CNE  
Associate Dean  
Undergraduate Education and Pre-Licensure Programs in Nursing



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Checklist of items to submit to SLU School of Nursing before November 1 (explanation of items following):

1.	<p><b>Authorization to Release Information to Clinical Site</b>          -Sign and return form.</p>
2.	<p><b>Blood Borne Pathogens</b>          -Signed form (also at end of packet): <a href="http://www.slu.edu/Documents/nursing/BloodBornePathogens.pdf">http://www.slu.edu/Documents/nursing/BloodBornePathogens.pdf</a></p>
3.	<p><b>The School of Nursing requires students involved in practice experiences to have health insurance.</b>          -Unless you waive health insurance, you will be charged for coverage under the University Health Plan (the health and medical care cost coverage plan sponsored by Saint Louis University) for Fall and Spring semesters/terms in which you are registered.          -Health insurance enrollment/waiver          -If you are a full time student: Email Christina Butler</p>
4.	<p><b>Health Insurance Portability and Accountability Act (HIPAA)</b>          -A link will appear in Banner when this becomes available to you.</p>
5.	<p><b>Influenza Vaccination and TB Testing</b>          -Students must have a current influenza vaccination and TB testing when taking NURS 3457 Community Project <u>in Spring</u>.</p>
6.	<p><b>CPR Certification</b> (Copy of your card)  <b>-In person</b> CPR Certification for the Health Care Provider through the American Heart Association is required. All nursing students are required to satisfactorily complete this course prior to starting the community project.  <b>-American Red Cross or online courses will not be accepted.</b> All students are required to be certified to perform basic cardiopulmonary resuscitation and to maintain the certification throughout their coursework. Please send a copy of the certification card for our files.</p>
7.	<p><b>Saint Louis University Student Information: Required Health Forms</b>          -Included in packet or attached to email  <b>-Send to Christina Butler with other documents and she will send to SLU Student Health on your behalf. They will contact you with any issues.</b></p>
8.	<p><b>Criminal Background Checks (Comprehensive)</b>          -Select the Comprehensive and place Betty Bailey as department contact. More information on next page.</p>
9.	<p>While you are on campus completing your criminal background check paperwork, consider stopping by the School of Nursing to take your credit by examination test(s), if needed.          -These must be paid for and scheduled in advance.          -Each test is \$31 with a check made out to SLU sent to Christina Butler. Contact Christina Butler at <a href="mailto:christinabutler@slu.edu">christinabutler@slu.edu</a> for questions and to set up a time to take your test.</p>
10.	<p>If you are <b>taking MORE THAN 12 HOURS ANY SEMESTER</b>          -Fill out and send in the "Commuter Meal Plan Exemption Request Form" at end of packet.          -<a href="http://www.slu.edu/parking-and-card-services-home/the-slu-card/meal-plan-information/meal-plan-change">http://www.slu.edu/parking-and-card-services-home/the-slu-card/meal-plan-information/meal-plan-change</a></p>
11.	<p><b>OPTIONAL</b>          -Student Photo ID Badge/Card</p>



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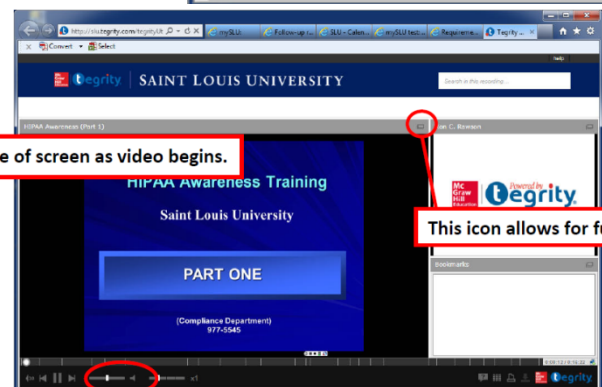
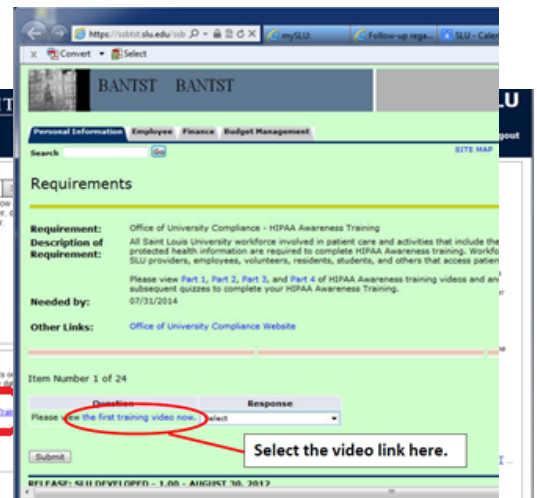
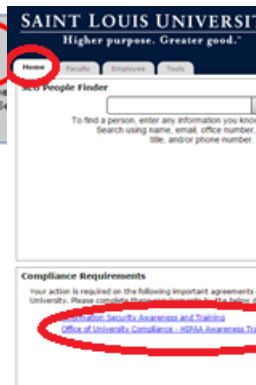
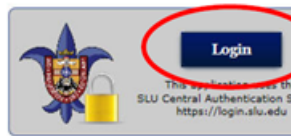
1. **Authorization to Release Information to Clinical Site:** Sign and return form.
2. **Blood Borne Pathogens:** Validation of your knowledge regarding exposure to blood-borne pathogens must be received to ensure your knowledge of standard precautions and the system for reporting exposures, all students must read the booklet published by the Centers for Disease Control entitled. The form that needs to be signed and sent to SLUSON is included in this document. The signature acknowledges that the student has read the materials, understands the information and will follow the guidelines.
3. **Online Health Insurance and Portability and Accountability Act (HIPAA):**  
This official training course will become available when you sign up for the Spring Community Project course.

Under HIPAA, certain identifying pieces of health information are protected from casual scrutiny or use by unauthorized personnel. HIPAA regulations govern the circumstances of collection, access to and use of this Protected Health Information (PHI): names, postal addresses, telephone numbers, fax numbers, e-mail addresses, dates (including birth dates), social security numbers, medical record, and health plan numbers, account numbers, certificate/license numbers, vehicle identifiers including license plate numbers, device identifiers, names of relatives, Web URLs, IP address numbers, biometric identifiers, photographs and comparable images, and any other unique identifying number, characteristic, or code. As a requirement of the HIPAA Privacy & Security Rule, Saint Louis University's workforce involved in patient care and activities that include the handling of protected health information are required to complete HIPAA Awareness training. The workforce includes SLU providers, employees, volunteers, residents, students, and others that access patient information. Many University health care curricula also require HIPAA Awareness training as a part of their course work.

Completion of HIPAA Awareness training will be tracked by date within Banner. Questions regarding HIPAA training can be addressed by the University Compliance Department at 314-977-5545. Completion of HIPAA Awareness training is required for all nursing students.

Special Note: HIPAA Awareness training videos are stored in Tegrity, which can be viewed by many browsers (i.e. Internet Explorer, Google Chrome, Mozilla Firefox). Internet Explorer must be version 9 or higher.

1. Log into [myslu.slu.edu](https://myslu.slu.edu).
2. Go to the **Home Tab**.
3. Select "Office of University Compliance – HIPAA Awareness Training" in the box labeled '**Compliance Requirements**'. (Note: if you have other outstanding requirements, they will also be displayed.)
4. Select the link in the **Question Box** to access the first video. (A New tab will open and the video will begin playing automatically.)
5. **View the video.**
6. Close the video tab after viewing the video.
7. Certify that you have watched the video using the **dropdown menu in the response box**.
8. Answer the questions associated with the video you just viewed.
9. Repeat steps **4 through 8** for all of the video modules.
10. After viewing and completing the questions for all (4) videos, choose '**Close**' from the **dropdown menu in the response box** and click **Submit**.



Sample of screen as video begins.

This icon allows for full screen

Change volume within Tegrity.



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4. **The School of Nursing requires students involved in practice experiences to have health insurance.**

- Unless you waive health insurance, you will be charged for coverage under the University Health Plan (the health and medical care cost coverage plan sponsored by Saint Louis University) for Fall and Spring semesters/terms in which you are registered.
- Health insurance enrollment/waiver
- If you are a full time student: Email Christina Butler

5. **Influenza Vaccination and TB Testing**

-Students must have a current influenza vaccination and TB test when taking NURS 3457 Community Project **in Spring**. Proof of vaccination must be on file in the RN to BSN Option Student Services Office. Included in Required Health Forms.

6. **CPR Requirement**

- In person** CPR Certification for the Health Care Provider through the American Heart Association is required. All nursing students are required to satisfactorily complete this course prior to starting the community project.
- American Red Cross or online courses will not be accepted.** All students are required to be certified to perform basic cardiopulmonary resuscitation and to maintain the certification throughout their coursework. Please send a copy of the certification card for our files.

7. **Saint Louis University Student Information: Required Health Forms**

- Included in packet or attached to email

Send to Christina Butler with other documents and she will send to student health on your behalf. An Employee Health Designee's signature is acceptable instead of a physician. They will contact you with any issues.

- Health insurance enrollment/waiver (required for full-time students)
- **Current Tuberculin Test (included in Health Forms)**

A sequence of annual negative PPD tests or documentation of a negative two-step tuberculin skin test within the past 6 months (per student health) or the Interferon Gamma Release Assay (IGRA) is required before the community project course. Retesting is required as recommended by CDC guidelines and/or clinical agency. (Usually this is on admission to the SON and prior to taking the Community Project nursing course). Positive skin tests require a separate, annual, physician statement documenting treatment and the absence of active/infectious tuberculosis.

**Please note: All students must meet the health/immunization requirements of their assigned clinical agency. These requirements may necessitate additional immunizations besides those required by the University and School of Nursing. All requirements are subject to change based on University, School of Nursing, CDC or OSHA requirements.**

8. **Criminal Background Checks (Comprehensive):**

In order to promote a safe healthcare environment and meet program standards and requirements of the University, School of Nursing students are required to have a comprehensive background check prior to any direct practice experience which includes the community project. The student must sign an authorization to release the results of the background check to the School of Nursing. The Saint Louis University Office of the Registrar/Office of Clinical Education Compliance coordinates the performance of background checks. The Office of the Registrar bills the student's account for the cost of procuring the background check and maintains records of the results of student background checks for the duration of the student's enrollment at the University. The Office of Clinical Education Compliance can answer questions regarding University policy on the background check. They can be reached at (314) 977 6636.

OPTION 1 – If you live within 40 miles of St. Louis

1. You must make an appointment and fill out the form for the background check by accessing the calendar and form at the following website: <http://www.slu.edu/x25225.xml>
2. Scroll to list towards bottom of page and Select – SCHOOL OF NURSING
3. Select a date and time from the available calendar.

OPTION 2 – If you live more than 40 miles from St. Louis.

1. Go to the website <http://www.slu.edu/x25225.xml>
1. Scroll to list towards bottom of page and Select – NURSING EXTENDED INTERSTATE (Students who reside 40 or more miles from the Saint Louis Campus)



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Both options - When Filling Out the Form

2. Place your Banner ID on line 1
3. Department/School (Select) – Nursing Department
4. Enter your name, etc.. and personal information
5. \*Email-place your email address where you receive and send email.
6. DO NOT use your SLU email unless you read your SLU mail
7. Department Contact – Betty Bailey
8. Department Phone – 314-977-8951
9. Department Fax – 314-977-8837
10. Email – baileyb3@slu.edu
11. Type of Background Check – Comprehensive Search

Once you have made your appointment and filled out the form you will receive a confirmation and instructions from the Office of Clinical Education Compliance at the email address you provided.

If you do not have a Social Security Card please visit a local Social Security Office or visit the website at <http://www.socialsecurity.gov/>

9. While you are on campus completing your criminal background check paperwork, consider stopping by the School of Nursing to take your credit by examination test(s), if needed.
  - These must be paid for and scheduled in advance.
  - Each test is \$31 with a check made out to SLUSON sent to Christina Butler. Contact Christina Butler at [christinabutler@slu.edu](mailto:christinabutler@slu.edu) for questions and to set up a time to take your test.
10. **OPTIONAL - Student Photo ID Badge/Card:**
  - All online students may request a student ID card from SLU. Online students can send a recent digital photo to the Director of the Computer Based Learning <[rubbelke@slu.edu](mailto:rubbelke@slu.edu)>. Please title the email “RN-BSN Student ID,” use your SLU email address to send the document. Be sure to include your full name, Banner ID number and mailing address. Upon receipt of this information, an ID card will be prepared and mailed to you.

## 1. Authorization to Release Information to Clinical Site

I am scheduled for clinical experiences outside of Saint Louis University. The institutions where I am scheduled to complete my clinical experience may require that Saint Louis University School of Nursing release my photograph, phone number, social security number, SLU Banner ID, immunization and PPD records, the results of my criminal background check and drug screen, and/or documentation of my HIPAA and OSHA education before I begin the clinical experience.

Therefore, I authorize Saint Louis University School of Nursing to release my photograph, phone number, social security number, SLU Banner ID, immunization and PPD records, background check and drug screen results, and records for HIPAA and OSHA education to the institutions where I am scheduled for clinical experience.

This permission extends for the duration of my enrollment as a student at Saint Louis University School of Nursing. I understand that I may withdraw this permission by notifying the Associate Dean of the Undergraduate and Prelicensure Program in Nursing in writing. However, withdrawal of this authorization will not affect information that has already been released.

I understand that withdrawing my permission may prevent my placement at outside clinical sites and prevent my School of Nursing Program completion. I understand that the information disclosed pursuant to this authorization, may be subject to re-disclosure by the recipient institutions and may no longer be protected by federal regulations.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
STUDENT NAME  
(PRINTED)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PROGRAM Confirmation  
(RN-BSN)



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## 2. BLOOD-BORNE PATHOGENS

Receipt and Acknowledgement Form my signature below acknowledges that I:

-Have accessed the CDC information: "Exposure to Blood: What Health-Care Workers Need to Know" along with the accompanying School of Nursing information: "Additional Notes on Blood-borne Pathogens."

[http://www.cdc.gov/HAI/pdfs/bbp/Exp\\_to\\_Blood.pdf](http://www.cdc.gov/HAI/pdfs/bbp/Exp_to_Blood.pdf)

<http://www.slu.edu/Documents/nursing/AdditionalNotesonBloodBornePathogens.pdf>

-Read and understand the CDC and School of Nursing information provided.

-Will contact my professor and/or the appropriate agency representative if I have questions about appropriate precautions.

-Am responsible for following these precautions and agency protocol when participating in any experiences with clients.

_____ STUDENT SIGNATURE	_____ STUDENT NAME (PRINTED)	_____ DATE	_____ PROGRAM Confirmation (RN-BSN)
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## 3. Health Insurance and Portability and Accountability Act (HIPAA) TRAINING

Receipt and Acknowledgement Form My signature below acknowledges that I:

-Have accessed the following HIPAA information:

1. <https://www.youtube.com/watch?v=mEu6NGPA0Cg>

-Have listened to and do understand the information provided

-Will contact my professor and/or the appropriate agency representative if I have questions about and/or concerns about HIPAA adherence.

-Am responsible for following these HIPAA guidelines when participating in any experiences with clients.

-I understand that I will have another HIPAA training when I take my community project course as it is connected to the course.

_____ STUDENT SIGNATURE	_____ STUDENT NAME (PRINTED)	_____ DATE	_____ PROGRAM Confirmation (RN-BSN)
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## 4. HEALTH INSURANCE WAIVER FORM

IF YOU ARE A FULL TIME STUDENT – EMAIL CHRISTINA BUTLER

**The School of Nursing requires students involved in practice experiences to have health insurance.** Unless you waive health insurance, you will be charged for coverage under the University Health Plan (the health and medical care cost coverage plan sponsored by Saint Louis University) for Fall and Spring semesters/terms in which you are registered.

**ATTACH A COPY OF THE FRONT OF YOUR INSURANCE CARD**

**OR**

**A LETTER OF VERIFICATION FROM YOUR PRESENT INSURANCE CARRIER**

You may hide your member ID if you are uncomfortable sharing this information.

I certify that I have adequate health insurance coverage:

_____ STUDENT SIGNATURE	_____ STUDENT NAME (PRINTED)	_____ DATE	_____ PROGRAM Confirmation (RN-BSN)
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## 5. TUBERCULOSIS SCREENING QUESTIONNAIRE

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Phone 314-977-8900  
Fax 314-977-8949

STUDENT NAME

BANNER ID

DATE OF BIRTH

Please answer the following questions:

- Yes  No Have you lived or traveled for >2 months in Asia, Africa, Central or South America or Eastern Europe?
- Yes  No Were you born on one of these continents?
- Yes  No Have you ever been vaccinated with BCG?
- Yes  No Have you ever had a positive TB skin test or history of active tuberculosis infection?
- Yes  No Has anyone living in your household ever had a history of active tuberculosis?
- Yes  No Have you worked or volunteered in a nursing home, hospital, homeless shelter, prison or other health care facility?

If the answer is NO to all of the above questions, no further testing or action is required. Please sign below and forward this form with your immunization record to Saint Louis University Student Health and Counseling. A physician's signature is not required on this questionnaire if you answered NO to all the questions.

If the answer is YES to any of the above questions, then Saint Louis University requires that a health care provider complete a tuberculosis risk assessment within 6 months prior to the start of class. Results of a tuberculin skin test (PPD) or IGRA blood test such as Quantiferon gold or a T-spot must be provided, unless a previous positive test has been documented. A chest x-ray performed within six months prior to the first day of class is required for a positive PPD or IGRA. A written medical interpretation of the x-ray (in English) must be included.

NOTE: Testing is recommended (but not mandated) for individuals in the following groups:

- HIV positive
- Immunosuppressive disorders from illness or medication (e.g. organ transplants, prednisone)
- History of IV drug abuse or alcoholism
- Students with chronic medical conditions (e.g. diabetes, cancer, kidney disease, malabsorption disorders, etc)

TB (Tuberculin) Skin Test - Date Administered: \_\_\_\_ Date Read: \_\_\_\_ Result: \_\_\_\_ mm.

-OR- equivalent blood test result: \_\_\_\_

Chest X-ray required if TB test is positive: \_\_\_\_ Date: \_\_\_\_ Result: NORMAL ABNORMAL  
(Attach written medical interpretation of Chest X-ray in English).

Dates of treatment: \_\_\_\_\_

Clinic name: \_\_\_\_\_

Clinic address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Physician/Employee Health Designee \_\_\_\_\_ DATE: \_\_\_\_\_  
(Physician signature is only required if providing TB test results, blood test results or chest x-ray).

By signing I attest that the above information is true to the best of my knowledge



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STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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# SAINT LOUIS UNIVERSITY

## 7. STUDENT IMMUNIZATION RECORD

School of Nursing

3525 Caroline Mall  
St. Louis, MO 63104  
Phone 314-977-8900  
Fax 314-977-8949

STUDENT NAME \_\_\_\_\_  
PERMANENT ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_

BANNER ID NUMBER \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_  
SEX \_\_\_\_\_  
INTENDED MAJOR IF KNOWN \_\_\_\_\_

### INSTRUCTIONS:

1. Please read the University's Immunization Policy, which is summarized on the back of this document.
2. Complete the form as directed. Please note that the Immunization History should be completed by the health care provider, and signed by a physician.
3. Completed forms must be returned by: November 1 to be enrolled in Spring courses

### AUTHORIZATION FOR RELEASE OF IMMUNIZATION DATA\*

I authorize Saint Louis University to release this immunization record to public health authorities for compliance audits and/or in the event of a health or safety emergency, and to health care providers and institutions to which I may be assigned during my educational experience if I choose a health professions related major.

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*\*Please note that this authorization is for the immunization record only.*



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## PERSONAL HEALTH HISTORY

School of Nursing

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Fax 314-977-8949

STUDENT NAME

BANNER ID

DATE OF BIRTH

TO BE COMPLETED BY STUDENT:

1. Please list any significant current health problems.

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2. List any medications you take on a regular or frequent basis.

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3. Are you allergic to any medications?  Yes  No

If yes, please list.

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4. Do you have any other kinds of allergic conditions such as asthma, hay fever, etc?

Yes  No If yes, please list.

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5. List any significant past health problems.

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## PERSONAL HEALTH HISTORY CONT.

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6. Have you ever been hospitalized?  Yes  No

If yes, indicate why and when.

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7. Have you ever had a head injury, concussion, broken bones or other serious injury?

Yes  No If yes, indicate what injury and when.

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8. Have you ever had an operation?  Yes  No

If yes, indicate for what and when.

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9. Please indicate if you have a history of any of the following:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Heart murmur         | <input type="checkbox"/> Diabetes        | <input type="checkbox"/> Menstrual disorder   |
| <input type="checkbox"/> Irregular heart beat | <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Seizure disorder     |
| <input type="checkbox"/> High blood pressure  | <input type="checkbox"/> Fainting spells | <input type="checkbox"/> Psychiatric disorder |
| <input type="checkbox"/> Hypoglycemia         | <input type="checkbox"/> Sleep disorder  | <input type="checkbox"/> Alcohol abuse        |
| <input type="checkbox"/> Bleeding disorder    |  |   |

10. Do you have any dietary restrictions for medical reasons?  Yes  No

If yes, please specify.

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11. Do you have any physical limitations?  Yes  No

If yes, please specify.

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STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



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## IMMUNIZATION HISTORY

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STUDENT NAME \_\_\_\_\_

BANNER ID \_\_\_\_\_

TO BE COMPLETED BY HEALTHCARE PROVIDER:

<u>Vaccine or Test</u>	<u>Vaccine Type</u>	<u>Dates(s)</u>	<u>Doctor or Clinic</u>
Polio (PPV or IPV)	_____	Primary Series _____ _____	_____ _____
Diphtheria, Pertussis	_____	Booster Primary Series _____ _____	_____ _____
Tetanus (DPT, DT or Td) Combination MMR	_____	Booster 1 <sup>st</sup> Dose 2 <sup>nd</sup> Dose _____ _____	_____ _____
Measles	_____	1 <sup>st</sup> Dose 2 <sup>nd</sup> Dose _____ _____	_____ _____
Mumps	_____	_____	_____
Rubella	_____	_____	_____
Meningitis	_____	_____	_____
Varicella	_____	1 <sup>st</sup> Dose 2 <sup>nd</sup> Dose _____ _____	_____ _____
Other Vaccines	_____	_____	_____

Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_

Physician/Employee Health Designee: \_\_\_\_\_ DATE: \_\_\_\_\_

**EXEMPTIONS**

1. Students claiming exemption from immunizations because of medical contraindications must submit a written statement signed and dated by a physician.
2. Students claiming exemption from immunizations because of religious beliefs must submit a written statement, signed and dated by the student (or parent/guardian if the student is a minor) describing his/her objection to immunization based upon bona fide religious beliefs or practice.

Other Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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## STUDENT IMMUNIZATION REQUIREMENTS

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1. Diphtheria and Tetanus

Documentation of primary series of diphtheria and tetanus toxoid, *and* a booster within the past ten years.

2. Measles

Documentation of two doses of live measles (or MMR combined) vaccine separated by at least one month on or after the first birthday, *or*, documentation of physician-diagnosed disease or laboratory evidence of immunity. Individuals who received killed measles vaccine, combination of killed and live measles vaccine, or measles vaccine of an unknown type in the period 1963-1967, are considered unvaccinated, and should receive two doses of live vaccine at least one month apart.

3. Mumps

Documentation of one dose of live mumps (or MMR combined) vaccine on or after the first birthday, *or*, documentation of physician-diagnosed mumps or laboratory evidence of immunity. Persons who received killed mumps vaccine which was available between 1950-1978 might benefit from revaccination.

4. Rubella

Documentation of one dose of rubella (or MMR combined) vaccine on or after the first birthday, *or*, documentation of laboratory evidence of immunity.

5. Varicella

Documentation of two doses of live varicella vaccine separated by at least one month, *or* documentation of physician-diagnosed disease or laboratory evidence of immunity *or* birth in U.S. before 1980.

6. Meningitis

Immunization is required for all freshmen students living in residence halls or signed waiver acknowledging risks/benefits of vaccine.

7. Tuberculin Test

Tuberculosis screening is required for all students. Tuberculosis testing is mandated for:

- International students born in a country with a high incidence of tuberculosis.
- Students with a history of living or traveling for more than 2 months in areas with a high incidence of tuberculosis disease.
- Students with signs or symptoms of active tuberculosis, a positive tuberculosis skin test or close contacts with a person known to have active tuberculosis.
- Students who have worked in nursing homes, hospitals, or other residential institutions.

For more information, go to the CDC website

[[http://www.cdc.gov/tb/publications/factsheets/testing/TB\\_Factsheet.pdf](http://www.cdc.gov/tb/publications/factsheets/testing/TB_Factsheet.pdf)]

8. Hepatitis

Immunization against Hepatitis B is strongly recommended for all students and is required for health professions students prior to their clinical assignments.

9. Polio

Polio vaccine is not routinely given to adults, and therefore students are not required to receive a booster or a primary series if they were not previously immunized. Students should, however, document their childhood polio vaccine immunization. In the unlikely event of epidemic disease, special requirements may be instituted.

### APPLICABILITY, DOCUMENTATION AND ENFORCEMENT

1. This policy applies to all domestic and international students entering the University for the first time, unless medical or religious exemptions pertain. Students in the School of Professional Studies must only comply with the requirement related to tuberculin testing.
2. Submission of this record, by the date specified, is mandatory. Failure to comply will result in registration being cancelled and/or restricted.
3. The University also reserves the right to deny access to campus facilities, including residence halls, if documentation of compliance has not been provided. Further, in accordance with public health recommendations, non-immune students may be excluded from the University campus in the event of a measles, rubella, mumps or



**SAINT LOUIS  
UNIVERSITY**

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diphtheria outbreak or other public health recommendation.

## School of Nursing

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3525 Caroline Mall  
St. Louis, MO 63104  
Phone 314-977-8900  
Fax 314-977-8949



# SAINT LOUIS UNIVERSITY

## Commuter Meal Plan Exemption Request Form

School of Nursing

3525 Caroline Mall  
St. Louis, MO 63104  
Phone 314-977-8900  
Fax 314-977-8949

Name (Last, First, Middle)	SLU Banner ID #	Request Date (month/day/year)														
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; border: 1px solid black;"> </td> <td style="width: 5%; border: 1px solid black;"> </td> <td style="width: 5%; border: 1px solid black;"> </td> <td style="width: 5%; border: 1px solid black;"> </td> <td style="width: 5%; border: 1px solid black;"> </td> <td style="width: 5%; border: 1px solid black;"> </td> <td style="width: 5%; border: 1px solid black;"> </td> <td style="width: 5%; border: 1px solid black;"> </td> <td style="width: 5%; border: 1px solid black;"> </td> <td style="width: 5%; border: 1px solid black;"> </td> <td style="width: 5%; border: 1px solid black;"> </td> </tr> </table>												<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border: 1px solid black;"> </td> <td style="width: 33%; border: 1px solid black;"> </td> <td style="width: 33%; border: 1px solid black;"> </td> </tr> </table>			

To Be Completed by Student Making the Request

**Exemption Request Period** (Check One):

Fall  Spring

Academic Year

**Year in School** (Check One):  Freshman

Sophomore  Junior

Senior

**Current Meal Plan:**  Express Flex

Ultimate Flex

**Best Contact Information Number:**

**SLU Email:** @slu.edu

**Exemption Request Based On** (check one): ➔

Non-Traditional Student  
 (Online Distance Learning Student)

**Reason for Exemption Request in Detail:**

Online Distance Learning Student who does not come to campus.

<p><b><i>For exemption based on off-campus internship/student teaching, please complete the below section before submitting:</i></b> DEPARTMENT APPROVAL: I verify the student making the above request meets the exception guidelines for the requested exemption.</p>		
	Coordinator of the RN-BSN Option at SLU SON	
Signature of Verifying Authority	Position Title	
	314-977-8907	Click here to enter a date.
Print Name	Phone Number	Date
<p><i>Off campus student teaching, internship, clinical or cooperative that prohibits the student from coming on campus: these students must be enrolled in such experience for the entire semester. These students do not reside in the SLU housing nor do they take additional classes on campus during the student teaching or internship period. Absence should be for the entire semester. In order for this student to be exempt, the student must submit this signed exemption request by the Dean of the relevant program.</i></p>		
	Click here to enter a date.	
Student Signature	Date	

Please fax or email to Attn: Parking and Card Services at (314) 977-3429 or [cardservices@slu.edu](mailto:cardservices@slu.edu)

<i>Office Use Only</i>			
Date Received: <input type="text"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Approval Signature: <input type="text"/>
Effective Date: <input type="text"/>	Documentation Attached: <input type="checkbox"/> Y <input type="checkbox"/> N		
Notification Sent To Student's SLU Email Account? <input type="checkbox"/> Y <input type="checkbox"/> N			Date Email Sent: <input type="text"/>