



## Health Data Agreement

As a Registered Nurse in my state, I am aware that I am required to maintain certain health records and CPR training.

I \_\_\_\_\_ agree to keep copies of my own health records throughout the program. I am aware at any time I may be asked for proof of and must send evidence of:

- CPR training (current)
- Flu vaccine (within 1 year)
- Tdap vaccines
- MMR1 and MMR 2
- Rubeola, mumps, and rubella, varicella titers
- Hep B series or titer
- Yearly TB skin test or Chest Xray within 5 years
- Personal Health insurance

I am aware that the above information is required and must be maintained throughout the program. I validate with my signature that I will maintain the above requirements while in the program. I am aware that I could be required to submit this data within 3 days. If unable to produce within 3 days I am aware that I may be not able to register for any additional nursing courses until submitted.

I am aware that these must be submitted, along with a current RN license in my Community and Leadership courses.

See student handbook: Health regulations.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_