



Attestation of Health Requirements

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| 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 |

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|-------------------|--|------------|--|
| Name of Attester: | | Signature: | |
| Title: | | Date: | |