UNM-GALLUP NURSING PROGRAM
CLINICAL READINESS TASK LIST

Student:_____ Date:_____

<table>
<tr><th>ITEM</th><th colspan="3">DATE/VERIFYING INSTRUCTOR</th></tr>
<tr><td>HIPAA MODULE</td><td colspan="3"></td></tr>
<tr><td>OSHA/BLOODBORNE PATHOGENS MODULE</td><td colspan="3"></td></tr>
<tr><td>CURRENT CPR
American Heart Association – BLS Provider</td><td>Expiration Date:</td><td colspan="2">Expiration Date:</td></tr>
<tr><td colspan="4">IMMUNIZATIONS
If a student is not fully immunized for a disease, a titer must be done – no exceptions.
**Vaccination or a titer is required to demonstrate sufficient immunity to varicella. ** ** A documented history of varicella is insufficient proof.</td></tr>
<tr><td rowspan="2">ANNUAL 2-step PPD OR IGRA blood test*
(*US Renal requires a 2-step TST or IGRA test done within 1 year at the start of Level 3 semester.)</td><td>1st PPD
Date:
Date:
Results:</td><td>2nd PPD
Date:
Date:
Results:</td><td>CXR (as needed)
Date:
Results</td></tr>
<tr><td colspan="3">IGRA blood test
1st year Date:
2nd year Date:</td></tr>
<tr><td>MMR x 2 OR TITER</td><td>Date:
Date:</td><td colspan="2">Date:
Titer results:</td></tr>
<tr><td>HEP B (3 doses of Engergix-B, Recombivax or Twinrix or 2 doses of Heplisav-B) OR TITER</td><td>Date:
Date:
Date:</td><td colspan="2">Date:
Titer results:</td></tr>
<tr><td>TdaP (Every 10 years)</td><td>Date:</td><td colspan="2">Date:</td></tr>
<tr><td>VARICELLA X 2 OR TITER</td><td>Date:
Date:</td><td colspan="2">Date:
Titer results:</td></tr>
<tr><td>ANNUAL PHYSICAL EXAM CLEARANCE (once a year starting from their first admission to the program and after significant health status change)</td><td colspan="3">Date:

Date:</td></tr>
<tr><td>ANNUAL FLU VACCINE</td><td>Date:</td><td colspan="2">Date:</td></tr>
<tr><td>COVID-19 VACCINE</td><td colspan="2">Dose 1 date:
Product name:
Clinic location</td><td>Dose 2 date:
Product name:
Clinic location:</td></tr>
</table>

Not Valid for Clinical documentation

***This form is merely a checklist/overview of the required documentation and vaccinations for clinicals and will not be as proof of the necessary clinical documentation. All clinical documentation listed here must be uploaded to Complio (http://unmcompliance.com/) for verification.*

	Dose 3 date: Product name: Clinic location	Dose 4 date: Product name: Clinic location:
	Other dose date: Product name: Clinic location:	Other dose date: Product name: Clinic location:
	Other dose date: Product name: Clinic location:	Other dose date: Product name: Clinic location:
CONFIDENTIALITY STATEMENT	Date:	
ANNUAL BACKGROUND CHECK	1st year Date: 2nd year Date:	
ANNUAL NURSING LIABILITY INSURANCE	Dates of coverage: Dates of coverage:	
DRUG SCREEN (for RMCH in Level 2)	Date:	
Instructor verification	Level 1: ☐ Instructor/faculty initials: Level 2: ☐ Instructor/faculty initials: Level 3: ☐ Instructor/faculty initials: Level 4: ☐ Instructor/faculty initials:	

Updated 3/25/2025-rjl

*If you are a NM resident, you can access your immunization records from NMSIIS: https://www.nmhealth.org/about/phd/idb/imp/siis/

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