



Nursing Immunization Requirements Consent

I agree to comply with all immunization requirements of the University of Saskatchewan. I give consent for my immunization records and/or serology results to be shared with my college, clinical placements, and administrative staff, as appropriate.

Student Information

Last Name: _____ Given Name: _____

DOB (dd/mm/yr): _____ Phone Number: _____

Health Card Number: _____ Province: _____ Exp: _____ M/F

Address/City & Postal Code: _____

Next of Kin (name/phone #/relation): _____

U of S Student Number: _____

USASK NSID & Email: _____

Program	Campus Location
BSN - Nursing	Prince Albert

Graduating Year: _____

Student Signature: _____ Date: _____

Don't forget to email this consent form and immunization records by August 15 to:

nursing.immunizations@usask.ca