

immunization release form

Please complete and return this form to the Graduate Programs Office in Cushing 202H.
For any questions, please call 617-552-4928.

I _____

give Boston College William F. Connell School of Nursing permission to provide copies of my immunization records, TB clearance, and general health clearance to my clinical practicum sites.

Name (please print): _____

Signature: _____

Date: _____