



Official Notice: Immunization Requirements for Oklahoma State University Students

Oklahoma state law requires that all new students who attend Oklahoma colleges and universities for the first time provide proof of immunization for certain diseases. If you cannot verify your immunizations you will need to be re-immunized. Medical, religious and moral exemptions are allowed by law and such requests must be made in writing using the OSU Certificate of Exemption form available at www.okstate.edu/UHS/. The requirement shall not apply to students enrolling in courses delivered via the Internet or distance learning in which the student is not required to attend class on campus.

Acceptable documentation of immunizations includes any of the following:

- Signature of a physician or nurse on this form, page 4, verifying the accuracy of submitted information.
- Copies of shot records.
- Copies of medical records.
- Copies of school health records.
- Copies of laboratory test results demonstrating immunity.

Immunizations Required by State Law

Vaccination	Who must comply	Compliance Requirements	Compliance Date
Meningitis*	All new students living in campus housing	See below*	At move in
Measles, Mumps, Rubella, TWO DOSES	All new students born after January 1, 1957	Proof of vaccination with 2 doses of vaccine; or lab test demonstrating immunity; or, signed Certificate of Exemption	End of the fourth week of classes
Hepatitis B	All new students	Proof of completion of a Hep B series or signed Certificate of Exemption	Minimum of first 2 shots by 6th week of class; completion of series by 4th week of the student's second semester

Specific information regarding immunization for meningitis:

Oklahoma Law requires that all new students living in campus housing be provided information regarding meningococcal disease and the availability of a vaccine that may prevent meningitis. This information will be sent from OSU Residential Life. As part of the housing contract, the student, (or parent in the case of a minor), will attest that he/she has **either** received the vaccine or chosen not to be immunized against meningitis. No additional documentation of this vaccination is required. **This is part of the housing contract.**

FAILURE TO COMPLY WITH THESE REQUIREMENTS WILL RESULT IN A HOLD BEING PLACED ON FUTURE ENROLLMENT

All required immunizations are available at University Health Services. Certain students are also required to comply with OSU requirements for tuberculosis screening. This policy is explained on page 2 of this form.

Please bring this completed form with you to enrollment OR mail to:

OSU Stillwater Campus: Immunization Coordinator
 OSU Health Services
 1202 West Farm Road
 Stillwater, OK 74078-2036
 405-744-3252
 FAX 405-744-6556

OSU Tulsa Campus: Immunization Coordinator
 700 North Greenwood Ave.
 North Hall 130
 Tulsa, OK 74104
 918-594-8147
 FAX 918-594-8423

Tuberculosis Testing

Any student who meets any of the criteria below is required to provide evidence of having been tested for Tuberculosis within the six months prior to coming to OSU, OR by the fourth week of classes.

Who Must Comply

Students currently holding a visa from U.S. Immigration Service

A U.S. student who has resided outside the U.S. for > 8 weeks continuously

Students with a health/medical condition that suppresses the immune system

Students with known exposure to someone with active tuberculosis disease

If any of these apply to you, you will need to comply with the Tuberculosis testing requirement. For other students, this is a recommendation.

Tuberculosis Testing Procedure

Students who are required to be tested for TB should report to University Health Services, 1202 Farm Road to submit a blood sample for a newly developed test for tuberculosis. This does not require a return to the clinic for a second visit. This is a more accurate and reliable method of testing than a skin test and only requires one visit to the clinic.

If you have been treated for tuberculosis disease in the past provide a medical record indicating successful treatment for TB disease.

Please note: Having received BCG vaccination does NOT exempt you from the testing requirement.



University Health Services

All new students must complete both sides of this form

Medical History

Please check one:

OSU Health Services Stillwater ___
1202 West Farm Road
Stillwater, OK 74078-2036
405-744-7665

OSU Tulsa ___
700 North Greenwood Ave.
North Hall 130
Tulsa, OK 74106
918-594-8147

Please indicate ___ Fall
the first semester ___ Spring
you attended ___ Summer

NAME: _____ Male ___ Female ___
(Last) (First) (Middle)

CWID # _____ Date of Birth _____

Citizenship: U.S. ___ Other (Specify) _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____ Phone: Home () _____
Work () _____

MEDICAL HISTORY—Have you ever had any of the following: (check if applicable)

- | | | | |
|---|--|---|-------------------------------------|
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Anemia | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Back Problems | <input type="checkbox"/> Chronic Cough | <input type="checkbox"/> Cancer | <input type="checkbox"/> Colitis |
| <input type="checkbox"/> Convulsions/Seizures | <input type="checkbox"/> Depression | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Drug Abuse | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Chronic Hayfever | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Headache Chronic/Migraine | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Head Injury | <input type="checkbox"/> Hernia |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Hemophilia |
| <input type="checkbox"/> Intestinal/Stomach Disorders | <input type="checkbox"/> Malaria | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Mono |
| <input type="checkbox"/> Menstrual Problems/Pain | <input type="checkbox"/> Orthopedic Problems | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Psychological Counseling | <input type="checkbox"/> Sickle Cell Disease | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Loss of Consciousness/Fainting | <input type="checkbox"/> Sleep Disorder | <input type="checkbox"/> Stroke | <input type="checkbox"/> TB |
| <input type="checkbox"/> Positive TB Skin Tests | <input type="checkbox"/> Thyroid Disease | <input type="checkbox"/> Spleen Removed | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Chronic Sinus Infections | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Chronic Bladder/Urinary Infections | |

Brief Explanation of any **CHECKED** Responses: _____

History of Surgery: Yes No Ongoing Medical Problems: Yes No (If Yes, List Below)

Environmental Allergies: _____

List current medications: _____

Medication Allergies: Yes No

(List Medication/Reaction) _____

Herbs _____

Tobacco Use: Yes No

Type _____ Frequency _____

ALL INFORMATION PROVIDED IS CONFIDENTIAL

Please complete other side

Immunization Record

TO BE COMPLETED AND SIGNED BY YOUR HEALTH CARE PROVIDER OR ATTACH COPIES OF RECORDS

All information must be in English

REQUIRED (Mandatory) Immunization for University Students: Two Doses of MEASLES, MUMPS AND RUBELLA (MMR) vaccine.

Vaccine Enter date each immunization was given

Measles <small>(Month, Day, Year)</small>	#1	#2	<ul style="list-style-type: none"> Measles, mumps and rubella (MMR) vaccine is not required for college students born before January 1957. The first MMR must have been given no earlier than 4 day before the first birthday. The 2nd dose of measles, mumps and rubella vaccine or of measles vaccine must have been administered at least 28 calendar days after the 1st dose. In lieu of immunization, written evidence of laboratory tests showing range of immunity to measles, mumps, rubella is acceptable. Attach written proof to the Certificate.
Mumps <small>(Month, Day, Year)</small>	#1	#2	
Rubella <small>(Month, Day, Year)</small>	#1	#2	

Hepatitis B <small>(Month, Day, Year)</small>	#1	#2	#3
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RECOMMENDED (Other) Immunizations

Hepatitis A <small>(Month, Day, Year)</small>	#1	#2	Polio <small>OPV/IPV</small>	#1	
Tetanus-Diphtheria <small>DTaP or DTP and booster with Td</small>	#1	#2	#3	#4	(Td) booster

Meningococcal <small>Quadrivalent polysaccharide vaccine</small>	#1
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Tuberculosis Screening (See page 2 for detailed information)

1. PPD (Mantoux) within the past 6 months (tine or monovac not acceptable)
Result: _____ (measured in mm of Induration). Please document 0 mm if no reaction
OR
2. If PPD is positive (10mm or greater), chest X-ray required:
X-ray result: Normal _____ Abnormal _____
OR
3. If you had a previous positive PPD, or had a BCG vaccine, a blood test will be required. You are responsible for the cost of this test.
OR
4. If previously treated for TB, please submit copies of medical records indicating treatment & outcome of treatment.

Enter date test was given
(Month, Day, Year)

#1
#2

If completed by physician

To the best of my knowledge, the person above has received the above immunizations

Signed _____ Title _____ Date _____

(Physician, nurse or school authority—Do not sign unless minimum requirement for MMR—measles, mumps and rubella—and Hepatitis B—are met)

AUTHORIZATION FOR MEDICAL TREATMENT

For All Students:

By signature, I verify that the information on this form is accurate and true. By signature I give permission for diagnosis, therapeutic, and operative procedures as may be deemed necessary for me.

Signature _____ Printed Name _____ Date _____

For all students under 18 years of age:

I authorize the OSU Health Services to administer medical and surgical services, immunizations and therapeutic procedures as deemed necessary by duly licensed personnel.

Parent's or Guardian's Signature _____ Relationship _____ Date _____