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| **OUHSC Student Immunization Documentation**  (Students are strongly encouraged to have immunizations completed prior to enrollment)  Name Student ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  College/Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Graduation Month & Year\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Tuberculin PPD Mantoux Skin Test (TB skin test) complete a or b   a. Attach documentation of a negative TB skin test or negative T-SPOT within the last 12 months ..............Test Date\_\_\_\_\_\_\_\_\_  **or**  b. Date of positive TB skin test…………………….……………………………………………………….Test Date\_\_\_\_\_\_\_\_\_  **and**  i. Attach documentation of the most recent T-SPOT and any past Chest X-Ray Reports …...Test Performed and Date \_\_\_\_\_\_\_\_\_  ii. Have you ever required and received isoniazid-based medication therapy for TB? **Yes/No** Date Completed\_\_\_\_\_\_\_\_\_ |
| 1. Varicella (Chickenpox) complete a or b     a. Attach documentation of 2 Varicella immunizations……………………………………………….Dates 1) \_\_\_\_\_\_ 2)\_\_\_\_\_\_\_\_  **or**  b. Attach documentation of a positive Varicella IgG blood titer. . ……………………………………………..Titer Date\_\_\_\_\_\_\_ |
| 1. Measles (Rubeola) complete a or b   a. Attach documentation of 2 Rubeola immunizations 4 weeks apart after the age of 12 months……..Dates 1) \_\_\_\_\_\_2) \_\_\_\_\_\_  **or**  b. Attach documentation of a positive Rubeola IgG blood titer. …………………………………………..Titer Date\_\_\_\_\_\_\_\_\_ |
| 4. Mumps complete a or b   1. Attach documentation of 2 Mumps immunization 4 weeks apart.........................…………….......... Dates 1) \_\_\_\_\_\_2) \_\_\_\_\_\_   **or**  b. Attach documentation of a positive Mumps IgG blood titer…………………………………………...Titer Date\_\_\_\_\_\_\_\_\_\_ |
| 5. Rubella (German Measles) complete a or b  a. Attach documentation of 1 Rubella immunization received after the age of 12 months……………………….Date \_\_\_\_\_\_\_\_\_  **or**   1. Attach documentation of a positive Rubella IgG blood titer ………………………………………….….Titer Date\_\_\_\_\_\_\_\_\_ |
| 1. Hepatitis B Immunizations complete a or b   a. Attach documentation of 1st, 2nd, and 3rd Hepatitis B immunizations …………………Dates 1) \_\_\_\_\_\_2) \_\_\_\_\_\_3)\_\_\_\_\_\_  **or**  b. Attach documentation of a positive Hepatitis B Surface Antigen IgG blood titer………………………….Titer Date\_\_\_\_\_\_\_\_ |
| 7. Tetanus, Diphtheria, Pertussis complete a AND b  a. Attach documentation of 3 childhood Diphtheria-Tetanus-Pertussis (DTaP)…………….Dates 1) \_\_\_\_\_\_2) \_\_\_\_\_\_3) \_\_\_\_\_\_  **AND**  b. Attach documentation of 1 adult Tdap immunization within the last 10 years.……………………………..Date\_\_\_\_\_\_\_\_\_\_\_ |

* Hepatitis B and MMR vaccinations are required for all students per Oklahoma Statutes, Title 70 sec 3244.
* Annual influenza vaccination is required for those students with direct patient care.
* Students living in University Village Apartments are required to have the meningitis vaccination per Oklahoma Statutes, Title 70 sec 3243.

**Contact Student Health at (405) 271-2577 if a vaccination declination form is needed**

**Please complete this form in its entirety, attach the requested documentation, and return to:**

**OU Physicians Student Health & Wellness Clinic**

Attn: Judy Davis, Student Health Coordinator

825 N.E. 10th Street, OU Physicians Building, Suite 4A

Oklahoma City, OK 73104.

The following additional information is provided for your reference:

1. **Tuberculosis Skin Test (PPD Montoux)** – Attach a record of a negative TB skin test taken within the past 12 months. If it has been more than twelve months since your last TB Skin test or if this is your initial test, you must undergo the two step testing. If you have ever had a positive TB skin test or received the BCG vaccination then attach a copy of your most recent negative T-SPOT or Quantiferon blood test. Please also attach any past chest x-ray reports with a copy of your positive TB skin test results. If you have received medication therapy for active or latent TB, please attach these records as well.
2. **Varicella (Chickenpox) –** Attach evidence of either two doses of the varicella immunizations received at least four weeks apart or a positive blood test (varicella titer) showing immunity. A history of having the disease is not sufficient.
3. **Rubeola \*\*\*(Measles)** – Attach evidence either two doses of the rubeola immunizations received at least 4 weeks apart or evidence of a positive blood test (rubeola titer) showing immunity. A history of having the disease is not sufficient.
4. **Mumps\*\*\*** Attach evidence of receiving two doses of the mumps immunizations or evidence of a positive blood test (mumps titer) showing immunity. A history of having the disease is not sufficient.
5. **Rubella\*\*\***Attach evidence of receiving one dose of the rubella immunization or a positive blood test (rubella titer) showing immunity. A history of having the disease is not sufficient.
6. **Hepatitis B Immunization Series** – Attach evidence of receiving three doses of the Hepatitis B immunizations or a positive blood test (Hepatitis B Surface Antibody Titer) showing immunity.
7. **Tetanus, Diphtheria, and Pertussis** – Attach evidence of receiving three childhood DTaP immunizations AND one adult Tdap immunization, received within the last 10 years.

# \*\*\*Proof of two MMR vaccinations meets the requirements of items 3, 4, and 5.

If you need immunizations or blood tests, you may make an appointment with the OU Physicians Student Health & Wellness Clinic by calling (405) 271-2577. Tulsa students can call (918) 619-4400.

**University of Oklahoma Health Sciences Center**

**Release of Student Health Information to Affiliated Clinical or Educational sites**

I understand that sites affiliated with the University of Oklahoma Health Sciences Center may require the information I have provided on this form and the attachments to this form about students participating in the clinical and educational rotations. I authorize the release of such information to affiliated sites where I may be assigned to a rotation

**Student Name** (please print)

**Student Signature Date**