



Campus Health Services

OSU Institute of Technology

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 OSUIT Certificate of Exemption form available at:

www.osuit.edu/campus_community/campus_health/certificate_of_exemption.pdf

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. International students should contact the Office of International Affairs with questions regarding this notice.

Acceptable documentation of immunizations includes any of the following:

- Signature of a physician or nurse on this form, 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 OSUIT 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

Certain students are also required to comply with OSUIT requirements for tuberculosis testing. This policy is explained on page 2 of this form.

Please bring your completed Immunization Form with you to enrollment OR mail to:

OSUIT Campus Health Services
Student Union Building
1801 East 4th Street
Okmulgee, OK 74447
(918) 293-4940/FAX: (918) 293-4606

Tuberculosis Testing

This policy requires students who meet any of the criteria below to provide evidence of having been tested for Tuberculosis within the six months prior to coming to OSUIT.

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.

How to Comply

1. Provide a medical record in English from a physician, clinic or hospital indicating that you have been tested for Tuberculosis in the past 6 months.
OR
2. Provide documentation of a negative chest x-ray in the past 6 months
OR
3. Submit to a TB skin test at a local county health department
OR
4. Provide a medical record indicating successful treatment for TB disease.

The following procedure for the skin test must be used:

- 0.1 ml of Purified Protein Derivative, (mantoux), solution intradermally to the inner forearm.
- Results must be read within 48-72 hours of administration.
- **Documentation must include date given, date read, and results of induration in mm. Please document zero mm if no reaction.**

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

If you have had a positive skin test, a chest x-ray is required to show the absence of active disease.



Immunization Record

Campus Health Services

Failure to comply may prevent enrollment for your next semester. Please print legibly or type in this form.

Last Name First Name Birth Date Student ID Number (CWID) Phone Number

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	#1	#2
(Month, Day, Year)		
Mumps	#1	#2
(Month, Day, Year)		
Rubella	#1	#2
(Month, Day, Year)		

- 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 days before the first birthday. The 2nd dose of measles, mumps and rubella 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, and rubella is acceptable. Attach written proof to the Certificate.

Hepatitis B	#1	#2	#3
(Month, Day, Year)			

RECOMMENDED (Other) Immunizations

Hepatitis A	#1	#2	#3	#4	
(Month, Day, Year)					
Tetanus-Diphtheria	#1	#2	#3	#4	(Td) booster
(Month, Day, Year)					

Meningococcal Quadrivalent polysaccharide vaccine	#1

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
2. If PPD is positive (10mm or greater), chest X-ray required: X-ray result: Normal _____ Abnormal _____
3. If previously treated for TB, please submit copies of medical records indicating treatment & outcome of treatment.

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 OSUIT to seek medical and surgical services, immunizations and therapeutic procedures as deemed necessary by duly licensed personnel.

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

RETURN COMPLETED FORM TO:

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5/2010

(Office Use Only) Immunization Hold Removed By:

Name _____ Office _____

Date Hold Was Removed _____