



# UNIVERSITY IMMUNIZATION REQUIREMENTS

As of: 03/21/2017

## Official Notice: Immunization Requirements for University of Central Oklahoma 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. Those who cannot prove immunizations will need to be re-immunized. Medical, religious and personal exemptions are allowed by law, and such requests must be made in writing using the [UCO Certificate of Exemption form](#).

### Immunizations Required by Oklahoma State Law

<u>Vaccination</u>	<u>Who must comply</u>	<u>Compliance Requirements</u>	<u>Compliance Timeframe</u>
<b>MMR (Measles, Mumps, Rubella)</b>	All new students born After January 1, 1957	Proof of vaccination with <b>2 doses</b> of vaccine; or lab test demonstrating immunity; or signed Certificate of Exemption	2 doses by 6 <sup>th</sup> week of first semester
<b>Hepatitis B</b>	All new students	Proof of vaccination with <b>3 doses</b> of vaccine; or signed Certificate of Exemption	2 doses by 6 <sup>th</sup> week of first semester and 3 <sup>rd</sup> dose by 12 <sup>th</sup> week of second semester
<b>**Tuberculosis Skin Test</b>	All new international students	Proof of negative test result taken in the U.S.; If test result is positive, must have chest x- ray verification that student does not have TB	Before enrolling for second semester

**\*Specific Information regarding Meningitis immunization:** Oklahoma requires first time enrollees who reside in **on-campus student housing** be vaccinated against meningococcal disease **UNLESS:** 1) the individual signs a written waiver that he/she has reviewed the information provided by UCO regarding the meningitis immunization and has chosen not to be immunized, or 2) in the case of a minor, the individual's parent or guardian signs a waiver.

**\*\* Specific Information regarding TB skin testing:** Oklahoma requires TB testing be conducted in the United States (NO exceptions). The UCO Health Center can provide this testing.

***All required immunizations and the TB skin test are available at the OU Physicians at UCO clinic. These are available at no cost to students who participate in UCO Sponsored Student health insurance.***

**Please submit your official immune documents to the [forms](#).**

# Immunization Record

Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

UCO ID #: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**COMPLETED/SIGNED BY HEALTH CARE PROVIDER OR WITH ATTACHED COPIES OF IMMUNIZATION RECORD**  
*All information must be in English*

## REQUIRED Immunizations for All UCO Students:

### Two Doses of (MMR) MEASLES, MUMPS AND RUBELLA and Three Doses of HEPATITIS B

Vaccine Enter date each immunization was given

Measles (Month, Day, Year)	#1	#2	<ul style="list-style-type: none"> <li>● The (MMR) Measles, Mumps and Rubella vaccine is not required for college students born before January 1957.</li> <li>● The 2<sup>nd</sup> dose of MMR must be administered no sooner than 28 calendar days after the 1st dose. The 3<sup>rd</sup> dose of MMR must be administered no sooner than 6 months after the 2<sup>nd</sup> dose.</li> <li>● 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.</li> </ul>
Mumps (Month, Day, Year)	#1	#2	
Rubella (Month, Day, Year)	#1	#2	

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

**TB - Tuberculosis Screening (Required for all International Students and must be conducted at UCO Health Center or at another qualified facility within the U.S.)**

1. PPD (Mantoux) within the past 6 months Result: \_\_\_\_\_
2. If PPD is positive (10mm or greater) chest X-ray required

*X-Ray results:* Normal \_\_\_\_\_ Abnormal \_\_\_\_\_

3. If previously treated for TB please submit copied of medical records indicating treatment

### To the Health Professional

Please review the requirements, administer the needed immunizations, and sign below to validate.

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Please submit your official immune documents to the [forms](#).**