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

<table>
<thead>
<tr>
<th>Vaccination</th>
<th>Who must comply</th>
<th>Compliance Requirements</th>
<th>Compliance Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMR (Measles, Mumps, Rubella)</td>
<td>All new students born After January 1, 1957</td>
<td>Proof of vaccination with 2 doses of vaccine; or lab test demonstrating immunity; or signed Certificate of Exemption</td>
<td>2 doses by 6th week of first semester</td>
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<tr>
<td>Hepatitis B</td>
<td>All new students</td>
<td>Proof of vaccination with 3 doses of vaccine; or signed Certificate of Exemption</td>
<td>2 doses by 6th week of first semester and 3rd dose by 12th week of second semester</td>
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<tr>
<td><strong>Tuberculosis Skin Test</strong></td>
<td>All new international students</td>
<td>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</td>
<td>Before enrolling for second semester</td>
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</table>

* 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. If you have taken the shots since birth, you may bring the immunization form provided with the link as below to a certified medical professional to certify the immunization dates for you (you may use the form below). If you have not received any immunization record in the past, it is strongly recommended that you complete your immunization procedure prior to departure. In most cases, it is more affordable to obtain the vaccines in your home country as compared to obtaining the vaccine shots in the United States.

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

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Enter date each immunization was given</th>
</tr>
</thead>
</table>
| Measles (Month, Day, Year) | #1 | #2 | ● The (MMR) Measles, Mumps and Rubella vaccine is not required for college students born before January 1957.  
● The 2nd dose of MMR must be administered no sooner than 28 calendar days after the 1st dose. The 3rd dose of MMR must be administered no sooner than 6 months after the 2nd 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. |
| 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.