UNIVERSITY HEALTH Requirements

First Name________________________  Last Name_________________________________

Official Notice: Immunization Requirements for Oklahoma Panhandle 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.

ALL NEW STUDENTS MUST COMPLETE THIS FORM.
TO BE COMPLETED AND SIGNED BY YOUR HEALTH CARE PROVIDER OR ATTACH COPIES OF RECORDS.
ALL INFORMATION MUST BE IN ENGLISH.

REQUIRED IMMUNIZATIONS

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Enter date each immunization was given</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles, Mumps, Rubella</td>
<td>Date of Dose 1  Date of Dose 2</td>
</tr>
<tr>
<td>(Month, Day, Year)</td>
<td></td>
</tr>
</tbody>
</table>
|                                                 | • Measles, mumps, and rubella (MMR) vaccine is not required for college students born before January 1957.  
  • 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.  
  • Written evidence of laboratory tests showing range of immunity to measles, mumps, and rubella is acceptable. Attach written proof to the Certificate. |
| Hepatitis B                                    | Date of Dose 1  Date of Dose 2  Date of Dose 3   |
| (Month, Day, Year)                             | Minimum of first 2 shots by 6th week of class; completion of series by 4th week of the student's second semester |
| Tuberculosis (Mantoux) Test                    | Date given    Date read               Reaction (in millimeters):  |
| (Month, Day, Year)                             |                                        |
|                                                 | Neg ___  Pos___  If positive, chest x-ray:  |
|                                                 | ___normal  ___abnormal Date:______      |

RECOMMENDED IMMUNIZATIONS

| Vaccines                                      | Date of Dose 1  Date of Dose 2  Date of Dose 3  Date of Dose 4 |
|------------------------------------------------|-----------------|-----------------|-----------------|
| Hepatitis A                                   | Date of Dose 1  | Date of Dose 2  | Date of Dose 1  |
| (Month, Day, Year)                            |                 |                 |                 |
| Tetanus-Diphtheria DTaP or DTP and booster with Td | Date of Dose 1  | Date of Dose 2  | Date of Dose 4  | (Td booster)   |
| Meningococcal Quadrivalent polysaccharide vaccine | Date of Dose 1  |                 |                 |

* 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 OPSU 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.

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)

Place Stamp/Seal Below
Request for Exemption – MMR and/or Hepatitis B

TYPE OF EXEMPTION

1. MEDICAL CONTRAINDICATION:
I hereby certify that the immunization(s) specified below are medically contraindicated for named student.

<table>
<thead>
<tr>
<th>Immunization(s)</th>
<th>Immunization(s)</th>
</tr>
</thead>
</table>

Specify Contraindications

Signature of physician

2. RELIGIOUS OBJECTION:
I hereby certify that immunization is contrary to the teachings of the above named student’s religion.

Signature of student or parent if student is a minor

Date

3. PERSONAL OBJECTION:
I hereby certify that immunization is contrary to my beliefs. I request an exemption to the immunization requirements for Oklahoma colleges and universities. I have written a brief summary of my objections in the space provided below.

Briefly summarize your objections in this space:

4. Please check which immunizations this exemption applies to:

- [ ] MMR (Measles, Mumps and Rubella)
- [ ] Hepatitis B
- [ ] Polio
- [ ] DtaP/TD (Diptheria, Tetanus & Pertusis)
- [ ] Meningitis (for students living in Residence Halls Only)
- [ ] All

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. I understand that lost records are not grounds for an exemption. I also understand that in the event of a disease outbreak at the college I may have to be excluded for my protection and for the protection of other students at the college.

Signature ___________ Printed Name ___________ Date ______

For all students under 18 years of age:
I authorize the OPSU 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 ______