

OPSU Immunization Form

In Compliance with Oklahoma Statutes, Title 70 §3243

Certification of Compliance

Hepatitis B, Measles, Mumps and Rubella (MMR)

Oklahoma State Statute, Title 70 §3244, requires all individuals who enroll as a student in an Oklahoma public or private postsecondary institution provide documentation of vaccinations against measles, mumps and rubella (MMR), and hepatitis B.

As a High School Graduate from a state other than Alabama, Kansas, New Jersey, or West Virginia you are exempt from the vaccination requirement, please continue you to the next section.

Oklahoma State Statute, Title 70 §3244, requires all individuals who enroll as a student in an Oklahoma public or private postsecondary institution provide documentation of vaccinations against measles, mumps and rubella (MMR), and hepatitis B.

Student's Name: _____

Institution: Oklahoma Panhandle State University

DOB: _____ Term/ Year of first enrollment _____

Social Security Number or Student ID: _____

- 1) I have been notified by my institution of the requirement that I must provide documentation of having received vaccinations against hepatitis B, measles, mumps and rubella (MMR), and
- 2) I have received and reviewed the educational information provided by my institution concerning hepatitis B, measles, mumps and rubella (MMR), including the risks and benefits of the vaccination, and
- 3) Further, I certify that (Place a check in the applicable space, below.)

_____ I have been vaccinated and have provided documentation in support as required by Oklahoma Statute, Title 70 §3244, or

_____ I am exempt from the requirement and have attached a written statement from a licensed physician, which indicates that a vaccine is medically contraindicated, or

_____ The administration of the vaccine conflicts with my moral or religious tenets.

Signature: _____ Date: _____

When a student is under 18 years of age, the following must be completed:

As the parent or other legal representative, I certify that the student named above is a minor and the above information is correct.

Signature: _____ Date: _____

This form must be submitted to Academic Records prior to enrollment.

For Office Use Only

Verified By: _____

Date: _____

MMR HepA HepB