

University of Oklahoma Health Sciences Center
Vaccine History Form for HSC Students

Name _____ Student ID _____ Date of Birth _____

College _____ Graduation Year _____ Phone _____

Address _____

1. Tuberculin PPD Mantoux Skin Test (Tine or Monovac test not acceptable) complete item a or b
- a. Attach evidence of a negative tuberculin PPD (Mantoux) test received in the last 12 months... Test Date _____
or
- b. Date of first positive tuberculin PPD (Mantoux) test..... Test Date _____
- i. Attach evidence of a follow-up negative chest x-ray..... X-Ray Date _____
- ii Did you receive isoniazid-based therapy?..... o Yes o No

2. Varicella (Chickenpox) complete a or b
- a. Attach evidence of varicella IgG test. Test Date _____
or
- b. Attach evidence of two varicella immunizations..... 1) _____ 2) _____

3. Rubeola (Measles) complete a or b
- a. Attach evidence of 2 rubeola immunizations 4 weeks apart after the age of 12 months..... 1) _____ 2) _____
or
- b. Attach evidence of a positive blood test for IgG antibodies. Test Date _____

4. Rubella (German Measles) complete a or b
- a. Attach evidence of 1 rubella immunization received after the age of 12 months..... Vaccine Date _____
or
- b. Attach evidence of a positive blood test for IgG antibodies Test Date _____

5. Mumps complete a or b
- a. Attach evidence of one mumps immunization received after the age of twelve months..... Vaccine Date _____
or
- b. Attach evidence of a positive blood test for IgG antibodies..... Test Date _____

6. Hepatitis B immunizations complete a, b, c or d
- a. Attach evidence of 1, 2, and 3 hepatitis B immunizations and dates..... 1) _____ 2) _____ 3) _____
or
- b. Attach evidence of a positive blood test for IgG antibodies..... Test Date _____
or
- c. I will complete the hepatitis B immunization series through designated methods specified by the institution.
or
- d. **Vaccine Refusal** - I understand that due to my occupational or student exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV infection). I have been given the opportunity to be vaccinated with hepatitis B vaccine. However, I decline the hepatitis B vaccine at this time. I understand by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious and potentially fatal disease. If in the future I continue to have occupational exposure to blood and other potentially infectious materials and want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series.

Printed Name _____ Signature _____ Date _____

7. Tetanus and Diphtheria complete a or b
- a. Attach evidence of 3 childhood Diphtheria-Pertussis-Tetanus (DPT)..... 1) _____ 2) _____ 3) _____
Attach evidence of 1 adult Tetanus-diphtheria (Td) immunization..... 1) _____ 2) _____
or
- b. Attach evidence of 1 adult Tetanus-diphtheria (Td) immunization or 1 Tdap in the past 2 years. 1) _____

Colleges may require additional/testing at their discretion.

Dear Oklahoma University Health Science Center Student:

Complete this form in its entirety (front and back), attach verification of vaccines and return it to the Student Health Clinic at:

OUHSC Student Health & Wellness Clinic, Attn: Judy Davis, Student Health Coordinator
825 N.E. 10th Street, OU Physicians Building, Suite 2C,
Oklahoma City, OK 73104.

The following additional information is provided for your reference:

1. **Tuberculosis Skin Test (PPD Montoux)** – Attach a record of a negative TB skin test taken within the past 12 months. If it has been more than twelve months since your last TB Skin test or if this is your initial test, you must undergo the two step testing. If you have ever tested positive, attach a copy of a chest x-ray report and a copy of your positive TB skin test results. If you have received preventive therapy, attach a copy of the treatment record.
2. **Varicella (Chickenpox)** – Attach evidence either two doses of the vaccine at least four weeks apart or a blood test for immunity. History of having the disease is not sufficient.
3. **Rubeola *** (Measles)** – Attach evidence either two doses of rubeola vaccine received after the age of twelve months, at least 4 weeks apart or evidence of a positive blood test. A history of having the disease is not sufficient.
4. **Rubella***** Attach evidence of one dose of rubella vaccine received after the age of twelve months or evidence of a positive blood test. A history of having the disease is not sufficient.
5. **Mumps***** Attach evidence of one dose of mumps vaccine received after the age of twelve months or evidence of a positive blood test. A history of having the disease is not sufficient.
6. **Hepatitis B immunization Series** – Attach evidence of 3 doses of Hepatitis B vaccine and/or a positive Hepatitis B blood test. You may begin this series shortly after classes begin if you have not had the series.
7. **Tetanus and Diphtheria** – Attach a record of three childhood DPT immunizations and one adult Td immunization that you received in the last ten years, or attach evidence of two adult Td immunizations, with at least one of these received in the last ten years

*****Proof of two MMR vaccinations meets the requirements of items 3, 4, and 5.**

If you need vaccinations or tests, you may make an appointment with the OUHSC Student Health & Wellness Clinic by calling (405) 271-2577 for Oklahoma City students and (918) 619-4400 for Tulsa students. Both clinics will provide vaccinations and test for a nominal fee.

**University of Oklahoma Health Sciences Center
Release of Student Health Information to Affiliated Clinical or Educational sites**

I understand that sites affiliated with the University of Oklahoma Health Sciences Center may require the information I have provided on this form and the attachments to this form about students participating in the clinical and educational rotations. I authorize the release of such information to affiliated sites where I may be assigned to a rotation

Student Name (please print) _____

Student Signature _____ **Date** _____