

# OUHSC Student Immunization and TB Screening Requirements

(Students are strongly encouraged to have immunizations completed prior to enrollment)

Name \_\_\_\_\_ Student ID \_\_\_\_\_ Date of Birth \_\_\_\_\_

College/Program \_\_\_\_\_ Graduation Month & Year \_\_\_\_\_ Phone \_\_\_\_\_

1. **Tuberculin PPD Skin Test<sup>1</sup>** (TST-TB Skin Test) or **IGRA Test<sup>1</sup>** (T-SPOT or QuantiFERON) **Complete a or b**
- a. Provide documentation of two (2) negative TB Skin Tests or one (1) negative IGRA test within the last 12 months.
- or**
- b. Provide documentation of Positive TB Skin Test or Positive IGRA.
- and**
- i. Has medication therapy ever been recommended for treatment of latent or active TB? **Yes/No**

2. **Varicella (Chickenpox)** **Complete a or b**
- a. Provide documentation of two (2) Varicella immunizations 4 weeks apart.
- or**
- b. Provide documentation of a positive Varicella IgG blood titer

3. **Measles<sup>2</sup> (Rubeola)** **Complete a or b**
- a. Provide documentation of two (2) Rubeola immunizations 4 weeks apart.
- or**
- b. Provide documentation of a positive Rubeola IgG blood titer.

4. **Mumps<sup>2</sup>** **Complete a or b**
- a. Provide documentation of two (2) Mumps immunization 4 weeks apart.
- or**
- b. Provide documentation of a positive Mumps IgG blood titer.

5. **Rubella<sup>2</sup> (German Measles)** **Complete a or b**
- a. Provide documentation of one (1) Rubella immunization.
- or**
- b. Provide documentation of a positive Rubella IgG blood titer.

6. **Hepatitis B<sup>3</sup>** **Complete a or b**
- a. Provide documentation of 1st, 2nd, and 3rd Hepatitis B immunizations or 1st and 2nd HepB-CpG (Hepelisav-B®) immunizations
- or**
- b. Provide documentation of a positive quantitative Hepatitis B IgG blood titer (Anti-HBs / HBsAb).

7. **Tetanus, Diphtheria, Pertussis<sup>4</sup>** **Complete a AND b**
- a. Provide documentation of three (3) childhood Diphtheria-Tetanus-Pertussis (DTP or DTaP) immunizations.
- and**
- b. Provide documentation of one (1) Tdap immunization within the last 10 years.

<sup>1</sup> - Two baseline TB skin tests placed 1-3 weeks apart (two-step TB skin test) OR one baseline IGRA test upon matriculation. Annual TB Screening Questionnaire thereafter. Refer those with a positive TB skin test or positive IGRA test to Student Health for evaluation.

<sup>2,3</sup> - MMR and Hepatitis B vaccinations are required for all students, including those without patient contact per Oklahoma Statute, Title 70 section 3244.

<sup>4</sup> - Td or Tdap required every 10 years.

\*Annual influenza vaccination required for those students with patient contact.

\*Students living in University Village Apartments require vaccination against *Neisseria meningitides* per Oklahoma Statute, Title 70 section 3243.