MEDICINE | University Health Services

1202 W. Farm Rd.
Stillwater, OK 74078
O | 405-744-7665
F | 405-744-6556
uhs.okstate.edu

NEW STUDENT MEDICAL REQUIREMENTS

Official Notice: Immunization Requirements for Oklahoma 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. Medical, religious, and moral exemptions are allowed by law and such requests must be made in writing using the OSU Certificate of Exemption form available at uhs.okstate.edu. The requirement shall not apply to students enrolling in online courses or distance learning, in which the student is not required to attend class on campus.

Acceptable documentation of immunizations includes any of the following, and must be in English:

- Signature of a physician or nurse on this form verifying the accuracy of submitted information.
- Copies of shot records.
- Copies of medical records.
- Copies of school health records.
- Copies of laboratory test results demonstrating immunity.

Immunizations Required by State Law

Vaccination	Who must comply	Compliance Requirements
Meningitis*	All new students living in campus housing	See below*
Measles, Mumps, Rubella (MMR)	All new students	Proof of vaccination, lab test demonstrating immunity, or a signed Certificate of Exemption
Hepatitis B	All new students	Proof of a full Hep B series or a signed Certificate of Exemption

***Specific information regarding immunization for meningitis:**

Oklahoma law requires 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 OSU Housing and Residential Life. As part of the housing contract, the student (or parent in the case of a minor) will attest that they have **either** received the vaccine or chosen not to be immunized against meningitis. No additional documentation of this vaccination is required.

FAILURE TO COMPLY WITH THESE REQUIREMENTS WILL RESULT IN A HOLD BEING PLACED ON FUTURE ENROLLMENT.

All required immunizations are available at University Health Services.
Certain students are also required to comply with OSU requirements for tuberculosis screening. This policy is explained on page 2 of this form.

Please bring this completed form with you to University Health Services
send via email to immunizations@okstate.edu
or by mail to: Immunizations – OSU Health Services,
1202 West Farm Road, Stillwater, OK 74078

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Tuberculosis Screening

Who must comply?

- Students currently holding a visa from the U.S. Immigration Service.
- A U.S. student who has resided outside the U.S. for more than 8 weeks continuously.
- All students with a health/medical condition that suppresses the immune system.
- All students with known exposure to someone with active Tuberculosis disease.

If any of these apply to you, you must comply with the Tuberculosis screening requirement. For other students, this is a recommendation.

If the results of the screen indicate a risk for Tuberculosis, you will need to be tested. This test will only be accepted if done at University Health Services. The patient is responsible for the cost of all tests and procedures.

Tuberculosis Testing Procedure

Students who are required to be screened for Tuberculosis should report to University Health Services, 1202 W Farm Road, Stillwater, OK 74078. **If you have been treated for Tuberculosis disease in the past, provide a medical record indicating successful treatment for Tuberculosis.**

Please note: Having received the BCG (bacille Calmette-Guerin) vaccination does NOT exempt you from the screening requirement. A chest x-ray does not satisfy the testing requirement. A Tuberculosis blood test done within the U.S. in the past 6 months does satisfy the testing requirement.

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All new students must complete both sides of this form.

Please check one:

☐ OSU Stillwater-Health Services
1202 West Farm Road
Stillwater, OK 74078-2036
405-744-7665

☐ OSU Tulsa
700 North Greenwood Ave.
North Hall 130
Tulsa, OK 74106
918-594-8147

Please indicate the first semester you attended:
___ Fall ___ Spring ___ Summer

Name _____ Banner ID _____ Date _____
Gender_____ Citizenship: U.S. ____ Other (Please specify) _____
Phone Number _____ Email _____

EMERGENCY CONTACT INFORMATION
Name _____ Relationship _____ Phone _____

Medical History

PAST/CURRENT MEDICAL HISTORY (check box for any "yes" answers)		
☐ Alcoholism	☐ Emphysema/COPD	☐ Kidney Disease
☐ Anemia	☐ Epilepsy/Seizures	☐ Learning Disability
☐ Arthritis	☐ Food Allergy	☐ Malaria
☐ Asthma	☐ Genetic Disorder	☐ Migraine Headaches
☐ Autism	☐ Hay Fever (Allergic Rhinitis)	☐ Psychiatric/Mental Illness
☐ Autoimmune Disorder	☐ Head Injury	☐ Rheumatic Fever
☐ Birth Defect/Congenital Anomaly	☐ Hearing Disorder	☐ Scoliosis
☐ Bleeding Disorder	☐ Heart Disease	☐ Seizures
☐ Cancer	☐ Heart Murmur	☐ Sickle Cell Disease
☐ Chronic Urinary Tract Infection	☐ Hepatitis	☐ Sleep Disorder
☐ Depression	☐ High Cholesterol (Hyperlipidemia)	☐ Spleen Removal
☐ Drug Use	☐ High Blood Pressure (Hypertension)	☐ Substance Abuse
☐ Diabetes	☐ HIV/AIDS	☐ Thyroid Disorder
☐ Eating Disorder	☐ Immune Disorder	☐ Tobacco Use
☐ Eczema (Atopic Dermatitis)	☐ Inflammatory Bowel (Crohn's/UC)	☐ Tuberculosis (Positive TB Test)

Brief Explanation of any **CHECKED** Responses: _____
_____
_____

History of Surgery: Yes No Ongoing Medical Problems: Yes No (If yes, list below)
_____
_____

Environmental Allergies: _____ List current medications: _____
_____ _____
Medication Allergies: _____ _____
_____ _____

Tobacco Use: Yes No Type _____ Frequency _____

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Immunization Record

TO BE COMPLETED AND SIGNED BY YOUR HEALTH CARE PROVIDER OR ATTACH COPIES OF RECORDS.
All information must be in English.

REQUIRED (Mandatory) Immunization for University Students:

Vaccine	Enter date each immunization was given		
Measles (Month, Day, Year)	#1	#2	• In lieu of immunization, written evidence of laboratory tests showing range of immunity to measles, mumps, and rubella is acceptable. Attach written proof to this form.
Mumps (Month, Day, Year)	#1	#2	
Rubella (Month, Day, Year)	#1	#2	

Hepatitis B (Month, Day, Year)	#1	#2	#3

RECOMMENDED (Other) Immunizations

Hepatitis A (Month, Day, Year)	#1	#2

Tetanus-Diphtheria DTaP or DTP and booster with Td	#1	#2	#3	#4	(Td) booster

Meningococcal Quadrivalent polysaccharide vaccine	#1	Polio OPV/IPV	#1

Health Care Provider: To the best of my knowledge, the person above has received the above immunizations.

Name / Title _____ Signature_____ Date _____

Address _____ Phone _____ Fax _____

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.

Printed Name _____ Signature _____ Date _____

For All Students Under 18 Years of Age: I authorize the OSU Health Services to administer medical and surgical services, immunizations and therapeutic procedures as deemed necessary by duly licensed personnel.

Parent or Guardian Name / Signature _____ Relationship _____ Date _____