

Oklahoma City University Immunization Requirements

This form is to be filled out and signed by a medical provider.

Last Name: _____ First Name: _____

Date of Birth: Month ____ Day ____ Year _____ Student ID: _____

Oklahoma State Statute requires that all students show the following immunizations:

1. **MMR (Measles, Mumps, Rubella)**

2 doses are required for
immunity

MMR #1 ____/____/_____
month / day / year

MMR #2 ____/____/_____
month / day / year

2. **Hepatitis B** – 3 doses required

Hepatitis B #1 ____/____/_____
month / day / year

Hepatitis B #2 ____/____/_____
month / day / year

Hepatitis B #3 ____/____/_____
month / day / year

The following immunization is required of students living in the dormitories:

3. **Meningococcal** - within the last 3 years Meningococcal ____/____/_____
month / day / year

Please check here if you are not living in in On-Campus Housing (including
dorms, Cokesbury, or University Manor)

The following immunization is highly recommended:

4. **Tetanus booster** within the last 5 years Dose #1 ____/____/_____
month / day / year

A Tuberculosis Skin Test (TB Test) is required of all International Students prior to enrollment. A TB Test is available at the Student Health Center upon arrival on campus. The test must be a Mantoux test and the following information is needed to comply with University policy:

Date Given** ____/____/_____
month / day / year

Date Read ____/____/_____
month / day / year

Induration: _____ millimeters

**If a Chest X-Ray was performed, please send a copy of the film or disc with the student in addition to this form.

Medical Provider's Name (please print) _____

Phone Number: _____ Fax Number: _____

Signature: _____ Date: _____

Any questions or concerns should be brought to the attention of the Student Health & Disability Services Office by **email** studenthealth@okcu.edu; **phone** 405-208-5090; **fax** 405-208-6016; or **in person**.