



UNIVERSITY HEALTH SERVICES

Official Notice: Immunization Requirements for East Central University Students

Beginning Fall semester, 2004, Oklahoma state law required that all Students who attend Oklahoma colleges and universities 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 at the student health services office. You may submit your immunization records online at lyoung@ecok.edu.

Immunizations Required by State Law

<u>Vaccination</u>	<u>Who must comply.</u>	<u>Compliance Requirements</u>	<u>Compliance Data</u>
*Meningitis	All new students living in campus housing	Proof of vaccination	At move in
Measles, Mumps, Rubella, TWO DOSES	All new students born After January 1, 1957	Proof of vaccination with 2 doses of vaccine; or lab test demonstrating immunity; or, signed Certificate of Exemption	At enrollment
Hepatitis B	All new students	Proof of completion of a Hep B Series or signed Certificate of Exemption	At enrollment
**Tuberculosis Skin Test	All new international students	Proof of negative test results in the United States	If test result positive, must have chest x-ray verification that student does not have TB

***Specific Information regarding immunization for meningitis:** Oklahoma Law requires that first time enrollees who reside in **on-campus student housing** be vaccinated against meningococcal disease **UNLESS**, 1) the individual signs a written waiver that he/she has reviewed the information provided by ECU regarding meningitis immunization and has chosen not to be immunized, or, 2) in the case of a minor, the individual's parent or guardian must sign the waiver..

**** Specific Information regarding TB skin test:** Oklahoma Health Department requires that TB testing must be conducted in the United States (NO exceptions). The ECU campus health center can provide this for you prior to completing your enrollment or it can be completed at any Oklahoma County specific Health Department.

All required immunizations are available at Oklahoma County Specific Health Departments

FAILURE TO COMPLY WITH THESE REQUIREMENTS WILL RESULT IN A HOLD BEING PLACED ON YOUR ACCOUNT. PLEASE FOLLOW THE INSTRUCTIONS BELOW TO HAVE THIS HOLD REMOVED, OR CONTACT THE STUDENT HEALTH CENTER REGARDING ANY QUESTIONS THAT YOU MAY HAVE.

Email immunizations to lyoung@ecok.edu OR mail to:

**ECU Student Health Center
1100 E. 14th PMB S-7
Ada, OK 74820
580-559-5713 • FAX 580-559-5868**

Immunization Record

Name: _____ Male: _____ Female: _____

Social Security # or UCO ID #: _____ Date of birth: _____

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 All University Students:

Two Doses of MEASLES, MUMPS AND RUBELLA (MMR) vaccine and three doses of Hepatitis B.

Vaccine Enter date each immunization was given

Measles (Month, Day, Year)	#1	#2	<ul style="list-style-type: none"> Measles, mumps and rubella (MMR) vaccine is not required for college students born before January 1957. The first MMR vaccine must have been given no earlier than 4 days before the first birthday. The 2nd dose of MMR vaccine or of measles vaccine must have been administered at least 28 calendar days after the 1st dose. In lieu of immunization, written evidence of laboratory tests showing range of immunity to measles, mumps, and rubella is acceptable. Attach written proof to the Certificate.
Mumps (Month, Day, Year)	#1	#2	
Rubella (Month, Day, Year)	#1	#2	
Hepatitis B (Month, Day, Year)	#1	#2	#3

Housing Student Immunizations

Meningococcal (Meningitis) Quadrivalent polysaccharide vaccine	#1
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Tuberculosis Screening (Required for all International Students and must be performed at the ECU Student Health Center or another U.S. facility)

1. PPD (Mantoux) within the past 6 months *Result:* _____
2. If PPD is positive (10mm or greater), chest X-ray required.
X-Ray results: Normal _____ Abnormal _____
3. If previously treated for TB, please submit copied of medical records indicating treatment

To the Health Professional

Please review the requirements, administer the needed immunizations, and sign below to validate.

Signed _____ Title _____ Date _____

Please return completed form to:

**East Central University
Students Health Center
1100 E. 14th PMB S-7
Ada, OK 74820**