Immunization Record

Name:_____ Male: _____ Female:_____

Social Security # or ECU 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) Immunizations for All ECU Students on Campus or Other Locations:
Two Doses of MEASLES, MUMPS AND RUBELLA (MMR) and three doses of Hepatitis B vaccine.
No immunization Record Required for Online-only Students.

Vaccine	Enter date each immunization was given		
Measles (Month, Day, Year)	#1	#2	● 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 Record.
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

Tuberculosis Screening ***(Required for all International Students and must be performed at the ECU Student Health Services or another local 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 Care Professional

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

Signed_____ Title _____ Date _____

Please return completed form to:

healthservices@ecok.edu

***OR* mail to:**

East Central University
Student Health Services
1100 E. 14th PMB S-7
Ada, OK 74820