



# Connors State College

## IMMUNIZATION RECORD

NAME: \_\_\_\_\_ SS #: \_\_\_\_\_

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 College Students: Two doses of Measles, Mumps & Rubella (MMR) Vaccine.

VACCINE	ENTER DATE EACH IMMUNIZATION WAS GIVEN		
MEASLES (MONTH, DAY, YEAR)	#1		MEASLES, MUMPS AND RUBELLA (MMR) VACCINE IS NOT REQUIRED FOR COLLEGE STUDENTS BORN BEFORE JANUARY 1957. THE FIRST MMR MUST HAVE BEEN ADMINISTERED NO EARLIER THAN 4 DAYS BEFORE THE FIRST BIRTHDAY. THE 2ND DOSE OF MEASLES, MUMPS & RUBELLA VACCINE OR OF MEASLES VACCINE MUST HAVE BEEN ADMINISTERED AT LEAST 28 CALENDAR DAYS AFTER THE 1ST DOSE. IN LIEU OF IMMUNIZATIONS, WRITTEN EVIDENCE OF LABORATORY TESTS SHOWING RANGE OF IMMUNITY TO MEASLES, MUMPS, AND RUBELLA IS ACCEPTABLE. ATTACH WRITTEN PROOF OF THE CERTIFICATE.
	#2		
MUMPS (MONTH, DAY, YEAR)	#1		
	#2		
RUBELLA (MONTH, DAY, YEAR)	#1		
	#2		
HEPATITIS B (MONTH, DAY, YEAR)	#1		
	#2		
	#3		

RECOMMENDED (OTHER) IMMUNICATIONS		TUBERCULOSIS SCREENING
MENINGOCOCCAL QUADRIVALENT POLYSACCHARIDE VACCINE	#1	1. PPD (MANTOUX) WITHIN THE PAST 6 MONTHS (TINE OR MONOVAC NOT ACCEPTABLE) RESULT: _____ (MEASURED IN MM OF INDURATION). PLEASE DOCUMENT 9 MM IF NO REACTION. 2. IF PPD IS POSITIVE (10 MM OR GREATER), CHEST X-RAY REQUIRED: X-RAY RESULTS: NORMAL _____ ABNORMAL _____ 3. IF PREVIOUSLY TREATED FOR TB, PLEASE SUBMIT COPIES OF MEDICAL RECORDS INDICATING TREATMENT & OUTCOME OF TREATMENT.
POLIO OPV / IPV	#1	
HEPATITIS A	#1	
MONTH, DAY, YEAR	#2	
TETANUS-DIPHTHERIA	#1	
DTAPORDTP & BOOSTER W/TD	#2	
	#3	
	#4	
TD BOOSTER	#1	
TB TEST DATE	#1	#2

If completed by physician: To the best of my knowledge, the person above has received the above immunizations.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Physician, Nurse or school authority-Do not sign unless minimum requirements for MMR, Measles, Mumps, Rubella, and Hepatitis B are met.

### AUTHORIZATION FOR MEDICAL TREATMENT FOR ALL STUDENTS

By, Signature, I verify that the information on this form is accurate and true.

Signed: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

FOR ALL STUDENTS UNDER 18 YEARS OF AGE

Parent's or Guardian Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_



## Immunization Compliance Form

### Exemption Statement for Students with Exemptions or Exceptions Incompliance with Oklahoma Statutes, Title 70- §3244

20\_\_\_\_

\_\_\_\_\_  
Name of Student (Please print full name)

\_\_\_\_\_  
Social Security Number

☐ Fall ☐ Spring ☐ Summer

State law allows for certain exemptions based upon medical contraindications, religious or moral objections. The Board of Regents, in its discretion, includes exceptions to the requirement for vaccinations for each of the following categories of students. ***Students living in campus housing must show proof of immunizations and are required to be vaccinated against meningococcal disease.***

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**In compliance with Oklahoma law and in accordance with Connors State College policy, the following information is required of all new students.**

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**1** Please check one of the following:

☐ I have received the vaccinations for measles, mumps, rubella and hepatitis B (3 doses) and (if you live in campus housing), meningococcal vaccine as required. (Please attach *copy* of immunization record. Retain original for your files as we are unable to release or make copies of the one you provide).

☐ The administration of the vaccines for measles, mumps, rubella and hepatitis B conflicts with my moral or religious beliefs.

☐ I am submitting a physician's statement indicating it is medically inadvisable for me to take these vaccinations. (Physician's statement must be attached to this form)

☐ I will provide documentation within 15 days of my enrollment.

**2** *If requesting exemption, please check exemption below:*

☐ I am a concurrent enrolled high school student.

☐ I graduated from an Oklahoma high school after 1995.

☐ I graduated from a high school in another state that requires vaccinations for MMR and hepatitis B. (Those not included are: Alabama, New Jersey, and West Virginia)

☐ **Transferring** from an institution within the Oklahoma State System of Higher Education or private institution of higher learning located within the state of Oklahoma and accredited pursuant to Section 4103 of Title 70 of the Oklahoma Statutes; I provided the college/university with a copy of my immunizations.

☐ **Born** before January 1, 1956;

☐ **A member of a National Guard Unit** or Military Reserve Unit or who is currently on *active duty* in a branch of the United States military.

☐ **Religious Objections: (please summarize)** \_\_\_\_\_

☐ **Moral or Personal Objection: (please summarize)** \_\_\_\_\_

**3** ***Student Signature Required:*** The information provided in this document is true and accurate to the best of my knowledge. I understand that falsification of this document may make me ineligible for admissions to or continuation in, Connors State College.

\_\_\_\_\_  
PRINT Students Complete Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Revised August 2011