

Oakwood University
Health and Counseling Services

7000 Adventist Blvd. - Huntsville, AL 35896 - Phone: 256-726-7840 - Fax: 256-726-7471 - Email:ouhs@oakwood.edu

IMMUNIZATIONS

Name: _____ ID#: _____

The following immunizations are required prior to registration

Option 1: Attach a **valid** Immunization Record.

Option 2: Take this form to your physician, have him/her write in the dates, **sign**, and return the form.

➤ **Tuberculosis Test** *(All international students are required to have TB screening done in the United States.)*

- ❖ PPD (TB) Date given _____(MM/DD/YY)
Date read _____(MM/DD/YY) Results: _____ Neg. _____ Pos.
(Must be done within the last year - if results were positive –please attach a copy of chest x-ray report)

➤ **Tetanus - Diphtheria - Pertussis (Tdap)**

- ❖ Tdap Date _____(MM/DD/YY)
(Must be up to date – within the last 10 years)

➤ **Measles - Mumps - Rubella Vaccine (MMR)**

- ❖ MMR #1 Date _____(MM/DD/YY)
- ❖ MMR #2 Date _____(MM/DD/YY)

—OR—

MMR Age Exemption:

- Check here if you were born before 1957.

MMR Blood Titer :

- Check here if you have had a blood titer that shows immunity to measles, mumps and rubella. **Attach a copy of lab results for each titer.**

MMR Medical Contraindication:

- Physician to sign and list reasons/reactions below or attach a letter from a physician listing reasons/reactions along with office address and phone number.

Reasons/ Reactions _____

Print Name or Clinic Stamp: _____ **Office Phone:** _____

Physician's Signature : _____ **Date:** _____

Recommended Immunizations- Check Appropriate Boxes

Meningococcal Meningitis

- I have received and read the information on meningococcal meningitis and the vaccine.
- I have been vaccinated against meningococcal meningitis within the last 5 years. Date: _____
- Waiver:** I understand that this disease is rare, but life-threatening. I choose NOT to receive the meningococcal vaccine, and understand that Oakwood University is not responsible if I contract the disease.

Hepatitis B

- I have received and read the information on Hepatitis B and the vaccine.
- I have been vaccinated and completed the series. Date: #1 _____ #2 _____ #3 _____
- Waiver:** I understand that this disease is rare, but life-threatening. I choose NOT to receive the Hepatitis vaccine, and understand that Oakwood University is not responsible if I contract the disease.

Student Signature: _____ Date: _____

Signature of Parent/ Legal Guardian, if student is under age 19: _____ Date : _____