

**The University of Oklahoma Health Sciences Center**  
**Vaccine History Form for College of Allied Health Students**

Name \_\_\_\_\_ University ID# \_\_\_\_\_ Date of Birth \_\_\_\_\_

College College of Allied Health Graduation Year \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City, St, Zip \_\_\_\_\_

**You must complete this document in its entirety, upload with verification of vaccines at <http://ouhsc.edu/selfserve.aspx>**

<p><b>1. Tuberculin PPD Mantoux Skin Test (<i>Tine or Monovac test not acceptable</i>) – <u>complete item “a” or “b”</u></b></p> <p>a. <b><u>Attach evidence</u></b> of 2 negative tuberculin PPD (Mantoux) skin tests received in the last 12 months <i>OR</i></p> <p>b. Date of first positive tuberculin PPD (Mantoux) test</p> <p style="margin-left: 20px;">i. <b><u>Attach evidence</u></b> of a follow-up negative chest x-ray</p> <p style="margin-left: 20px;">ii. Did you receive isoniazid-based therapy?</p>	<p>Test Date _____</p> <p>Test Date _____</p> <p>Test Date _____</p> <p>X-ray Date _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>2. Varicella (Chickenpox) – <u>complete item “a” or “b”</u></b></p> <p>a. <b><u>Attach evidence</u></b> of a Varicella Titer showing immunity <i>OR</i></p> <p>b. <b><u>Attach evidence</u></b> of 2 varicella immunizations</p>	<p>Test Date _____</p> <p><input type="checkbox"/> Positive <input type="checkbox"/> Negative</p> <p>Date 1 _____</p> <p>Date 2 _____</p>
<p><b>3. Rubeola (Measles) – <u>complete item “a” or “b”</u></b></p> <p>a. <b><u>Attach evidence</u></b> of 2 rubeola immunizations at least 4 weeks apart after the age of 12 months <i>OR</i></p> <p>b. <b><u>Attach evidence</u></b> of a Titer showing immunity</p>	<p>Date 1 _____</p> <p>Date 2 _____</p> <p>Test Date _____</p>
<p><b>4. Rubella (German Measles) – <u>complete item “a” or “b”</u></b></p> <p>a. <b><u>Attach evidence</u></b> of 1 rubella immunization received after the age of 12 months <i>OR</i></p> <p>b. <b><u>Attach evidence</u></b> of a Titer showing immunity</p>	<p>Date _____</p> <p>Test Date _____</p>
<p><b>5. Mumps – <u>complete item “a” or “b”</u></b></p> <p>a. <b><u>Attach evidence</u></b> of one mumps immunization received after the age of twelve months <i>OR</i></p> <p>b. <b><u>Attach evidence</u></b> of a Titer showing immunity</p>	<p>Date _____</p> <p>Test Date _____</p>
<p><b>6. Hepatitis B – <u>complete item “a” or “b”</u></b></p> <p>a. <b><u>Attach evidence</u></b> of 1, 2, and 3 hepatitis B immunizations <i>OR</i></p> <p>b. <b><u>Attach evidence</u></b> of a Titer showing immunity <i>OR</i></p> <p>c. I will complete the hepatitis B immunization series as specified by the institution <i>OR</i></p> <p>d. Vaccine Refusal – I understand that due to my occupational or student exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV infection). I have been given the opportunity to be vaccinated with hepatitis B vaccine. However, I decline the hepatitis B vaccine at this time. I understand by declining this vaccine, I continue to be at risk of acquiring hepatitis B. If in the future I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series.</p>	<p>Date 1) _____</p> <p>Date 2) _____</p> <p>Date 3) _____</p> <p>Test Date _____</p> <p><input type="checkbox"/> Positive <input type="checkbox"/> Negative</p> <p>Your initials _____</p> <p>Date _____</p>
<p><b>7. Tetanus and Diphtheria – <u>complete item “a” or “b”</u></b></p> <p>a. <b><u>Attach evidence</u></b> of 3 childhood Diphtheria-Pertussis-Tetanus (DPT) dates <i>PLUS</i></p> <p style="margin-left: 20px;"><b><u>Attach evidence</u></b> of 1 Tetanus-Diphtheria-Pertussis (Tdap*) immunization within the last 10 years <i>OR</i></p> <p>b. <b><u>Attach evidence</u></b> of 1 Tetanus-Diphtheria-Pertussis (Tdap*) immunization within the last 10 years and 1 Tetanus-Diphtheria (Td) if you did not get all of your scheduled doses of DPT as a child. (*Please Note: Tdap is not the same as DTaP)</p>	<p>Date 1 Child _____</p> <p>Date 2 Child _____</p> <p>Date 3 Child _____</p> <p>Date 1 Adult _____</p> <p>Date 1 Adult _____</p> <p>Date 2 Adult _____</p>

Dear College of Allied Health Student:

You must complete and upload the forms and verification of vaccination records, to OUHSC self-service at <http://ouhsc.edu/selfserve.aspx>.

**THE DEADLINE TO RETURN THIS FORM AND A COPY OF YOUR IMMUNIZATION RECORDS IS DUE PRIOR TO THE BEGINNING OF CLASSES**

**The following additional information is provided for your reference:**

- 1. Tuberculosis Skin Test (PPD Mantoux)** – Attach a record of two negative TB skin tests taken within **the past 12 months**. If it has been more than twelve months since your last TB skin test or if this is your initial test, you must undergo the two-step testing. (Two-step testing distinguishes a boosted reaction from a reaction due to new infection). If you have ever tested positive, attach a copy of a chest x-ray report and a copy of a physical examination report completed by a physician. If you have received preventive therapy, attach a copy of the treatment record. Please note that two-step testing requires at least 10-12 days between each test.
- 2. Varicella (Chickenpox)** – **Must have a blood test for immunity. History of having had the disease is not sufficient. Attach a copy of a varicella blood test report.** If the blood test reveals non-immune status, you must receive two doses of the vaccine at least four weeks apart before you submit this form.
- 3. Rubeola\*\*\* (Measles)** – A history of having had the disease is not sufficient. Attach evidence of two doses of rubeola vaccine received after the age of twelve months, four (4) weeks apart, or attach evidence of a positive blood test report.
- 4. Rubella\*\*\*** A history of having had the disease is not sufficient. Attach evidence of one dose of rubella vaccine received after the age of twelve months or attach evidence of a positive blood test report.
- 5. Mumps\*\*\*** – A history of having had the disease is not sufficient. Attach evidence of one dose of mumps vaccine received after the age of twelve months or attach evidence of a positive blood test report.
- 6. Hepatitis B Immunization Series** – You must have at least begun the immunization process prior to the beginning of classes. Please provide a note from your doctor indicating the scheduled dates for your subsequent vaccines.
- 7. Tetanus and Diphtheria** – Attach a record of three childhood DPT immunizations **PLUS** one adult Tdap\* immunization that you received within the last 10 years. **OR**, attach evidence of 1 Tetanus-Diphtheria-Pertussis (Tdap\*) immunization within the last 10 years and 1 Tetanus-Diphtheria (Td) administered if you did not get all of your scheduled doses of DPT as a child. Follow ACIP recommendations for adults 18 years of age or older: [www.cdc.gov/mmwr/pdf/wk/mm62e0128.pdf](http://www.cdc.gov/mmwr/pdf/wk/mm62e0128.pdf)  
(\*Please Note: Tdap is not the same as DTaP)

**\*\*\*Proof of two MMR vaccinations meets the requirements of items 3, 4, and 5.**

If you need vaccinations or tests, the student health service office at the school you currently attend may be able to assist you. Admitted Oklahoma City students may call (405) 271-2577 for student health services and admitted Tulsa students may call (918) 660-3102 for student health services. Both clinics will provide vaccinations and tests for a nominal fee.

**College of Allied Health  
University of Oklahoma Health Sciences Center  
Release of Student Health Information to Affiliated Clinical or Educational Sites**

I understand that sites affiliated with the College of Allied Health may require the information I have provided on this form and the attachments to this form about students participating in clinical and educational rotations, and I authorize the release of such information to affiliated sites where I may be assigned to a rotation.

**My electronic (typed) signature on this document constitutes my legal signature.**

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_