

**IMPORTANT: All SWOSU students are required to submit proof of required immunizations to SWOSU Student Health Services. Students not completing these requirements will be subject to a health services enrollment hold.**

**Tuberculosis Testing Policy:** Tuberculosis (TB) is a disease that is spread from person to person through the air. About 8 million new cases occur each year in the world. The purpose of TB testing is to identify individuals with TB infection and TB disease. SWOSU complies with the American College Health Association guidelines for tuberculosis screening.

Please answer Yes or No to each statement:

- |                              |                             |   |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I have health or medical conditions that suppress my immune system. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I have been exposed to someone with active tuberculosis disease.    |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I currently hold a visa from U.S. Immigration Services.             |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I am a U.S. citizen who previously resided outside of the U.S.      |

If you answered “Yes” to any of these statements, you **are required** to get the TB skin test. If you answered “No” to all of these statements, you **are NOT required** to receive the TB skin test.

Screening guidelines (if you answered “Yes” to any of the above statements):

- TB testing should be done within six months prior to entrance or immediately upon entrance to SWOSU.
- The Mantoux test is the only acceptable tuberculin skin test. Only U.S. test results will be accepted.
- A history of BCG vaccination does not exempt you from the testing requirements.
- Persons with a previously positive test should submit medical records showing chest X-ray results as well as treatment and outcome.

**Information About Vaccine Preventable Diseases**

**Required by SWOSU and Oklahoma State Law\***

**Measles/Mumps/Rubella (MMR)** – Required for all full or part-time students. Two doses of MMR are required for all students born after 1956. A measles titer showing immunity may be substituted for the vaccination.

**Hepatitis B** – Required for all full or part-time students. Hepatitis B is a serious viral infection of the liver that can cause acute or chronic illness and even death. Each year 200,000 people, mostly young adults, get infected with hepatitis B. Hepatitis B virus is spread through contact with the blood and body fluids of an infected person. The hepatitis B vaccination consists of three injections given over a six month schedule and can prevent hepatitis B.

**Meningococcal** – Required for all first time enrollees living on campus. Recommended by ACHA, CDC, and AAP. Meningococcal disease is a serious illness caused by bacteria. Meningitis is an infection of the brain and spinal cord coverings. Meningococcal disease can also cause blood infections. About 2,600 people get meningococcal disease each year in the U.S. In spite of treatment with antibiotics, 10-15% of these people die. Of those who live, another 10% lose their arms or legs, become deaf, have problems with their nervous system, become mentally retarded, or suffer seizures or strokes. College freshmen, particularly those who live in residence halls, have an increased risk of getting meningococcal disease. Meningococcal vaccination can prevent two or three important types of meningococcal disease in older children and adults. Vaccination against meningococcal consists of one injection.

*\*These requirements do not apply to students enrolled in courses delivered by Internet or Distance Learning.*

**Recommended by SWOSU**

**Tetanus/Diphtheria** – Tetanus (lock jaw) and diphtheria are serious diseases. Tetanus is caused by a germ that enters through a cut or wound. Diphtheria spreads when germs pass from an infected person to the nose or throat of others. Vaccination consists of at least three doses of any tetanus and diphtheria vaccine (DTP, DTaP, or DT) during their lifetime with a booster every 10 years.

**Hepatitis A** – Hepatitis A is a viral infection of the liver. It is usually spread by close contact and sometimes eating food or drinking water containing the virus. People with hepatitis A often have to be hospitalized. In rare cases, hepatitis A causes death. Hepatitis A vaccination consists of two injections given six to 12 months apart and can prevent hepatitis A.

**Varicella** – Chickenpox (also called varicella) is a common childhood disease. It is usually mild, but it can be serious, especially in adults. There are cases of chickenpox on campus every year and result in one to two weeks of class absences. Varicella vaccination can prevent chickenpox. If you have not had chickenpox and have not received the vaccination, we recommend that you receive it. Varicella vaccination consists of two injections given four to six weeks apart.

**Influenza** – Influenza is a serious disease caused by a virus that spreads from infected persons to the nose or throat of others.

Southwestern Oklahoma State University  
Cumulative Immunization Record

**IMPORTANT: THIS INFORMATION IS NECESSARY TO COMPLETE YOUR ENROLLMENT PROCESS. IF THIS INFORMATION IS NOT ON FILE IN OUR OFFICE, YOU WILL BE SUBJECT TO A HEALTH SERVICES ENROLLMENT HOLD.**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

DOB: \_\_\_\_\_ Student ID# \_\_\_\_\_

**Required by SWOSU and Oklahoma State Law** **Waiver on file/exempt\***

**Measles/Mumps/Rubella** #1 \_\_\_/\_\_\_/\_\_\_ #2 \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_  
Mo Day Yr Mo Day Yr

**Hepatitis B** #1 \_\_\_/\_\_\_/\_\_\_ #2 \_\_\_/\_\_\_/\_\_\_ #3 \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_  
Mo Day Yr Mo Day Yr Mo Day Yr

**Required for first time enrollees living on campus. Recommended by ACHA, CDC, AAP**

**Meningococcal** \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_  
Mo Day Yr

\*If checking the waiver/exempt line, please attach signed waiver to this form. Checking this line will only be valid if the appropriate waiver is attached. Waivers can be obtained on our website at <http://www.swosu.edu/administration/shs/forms.aspx> or by calling our office at (580) 774-3776.

**TB Skin Testing - Required for students who answered "Yes" to any of the statements on the previous page.**

Date of previous TB test (required if not completing the booster): \_\_\_\_\_

**Note:** Booster TB test is required if this is your first test or if it has been more than one year since your last test.

**Initial Test** (Completed within the last six months)

Date Given: \_\_\_\_\_  
Date Read: \_\_\_\_\_  
Results: \_\_\_\_\_  
Signature/Title: \_\_\_\_\_

**Booster** (Given 1-2 weeks after the first test)

Date Given: \_\_\_\_\_  
Date Read: \_\_\_\_\_  
Results: \_\_\_\_\_  
Signature/Title: \_\_\_\_\_

If PPD is positive, chest X-ray results and documentation of treatment **must** be attached.

The following are **not required** but are strongly **recommended** for students attending SWOSU.

Primary Series of Four Doses DTaP or DPT #1 \_\_\_/\_\_\_/\_\_\_ #2 \_\_\_/\_\_\_/\_\_\_ #3 \_\_\_/\_\_\_/\_\_\_ #4 \_\_\_/\_\_\_/\_\_\_  
Mo Day Yr Mo Day Yr Mo Day Yr Mo Day Yr

Tetanus/Diphtheria Booster #1 \_\_\_/\_\_\_/\_\_\_ #2 \_\_\_/\_\_\_/\_\_\_  
Mo Day Yr Mo Day Yr

Hepatitis A #1 \_\_\_/\_\_\_/\_\_\_ #2 \_\_\_/\_\_\_/\_\_\_  
Mo Day Yr Mo Day Yr

Varicella (Chickenpox) #1 \_\_\_/\_\_\_/\_\_\_ #2 \_\_\_/\_\_\_/\_\_\_ or History of Disease \_\_\_/\_\_\_  
Mo Day Yr Mo Day Yr Mo Yr

**Health Care Provider**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_ Address: \_\_\_\_\_

**NOTE: If form is NOT signed by a health care provider, copies of original immunization records MUST be attached. Other requirements may apply to students entering health-related programs.**