

Northeastern State University

Immunization Record

Oklahoma Statutes, Title 70 3244, requires that all students who enroll as a full-time or part-time student in an Oklahoma public or private postsecondary institution provide documentation of vaccinations against Hepatitis B and Measles, Mumps, and Rubella (MMR).

Student's Name: _____

Student ID :__N_____ Birth Date:_____

Hepatitis B (3 doses required) Dose #1 ___/___/___ Dose #2 ___/___/___ Dose #3 ___/___/___ **OR** Titer Date ___/___/___*

MMR (Measles, Mumps, and Rubella Vaccine) - 2 doses required

Dose#1 ___/___/___ Dose #2 ___/___/___ **OR** Titer Date ___/___/___*

Or

Measles (2 doses required) Dose #1 ___/___/___ Dose #2 ___/___/___ **OR** Titer Date ___/___/___*

Mumps (1 dose required) Dose #1 ___/___/___ **OR** Titer Date ___/___/___*

Rubella (1 dose required) Dose #1 ___/___/___ **OR** Titer Date ___/___/___*

- A copy of laboratory results must accompany this form if titer results are submitted as documentation.

Meningococcal Vaccine Dose #1 ___/___/___ Dose #2 ___/___/___

Meningococcal B Vaccine Dose #1 ___/___/___ Dose #2 ___/___/___

TB(*International Students Only*)

PPD Date Administered ___/___/___ Date Read ___/___/___ Results _____

If PPD is positive (10mm or greater), chest x-ray required:

X-ray results – Normal _____ Abnormal _____

If previously treated for TB, please submit copies of medical records indicating treatment.

Medical Provider's Printed Name _____ Date _____

Address _____

City _____ State _____

Phone _____

Medical Provider's Signature _____

Please return completed form to the following address: Northeastern State University Office of Outreach & Prevention,
Attn: Immunization Compliance, 600 N Grand Ave, Tahlequah, OK 74464 Fax: 918-458-2340 Phone: 918-444-4735
Email: immunizations@nsuok.edu

Guide from NSU OUTREACH & PREVENTION about Immunizations Required for College.

Please provide us a copy of your immunization records

The following Immunizations are required for Oklahoma.

MMR (2 DOSES)

HEPATITIS B (3 DOSES)

MENINGITIS (2 DOSES) REQUIRED IF LIVING IN CAMPUS HOUSING

TUBERCULOSIS SKIN TEST (ONLY INTERNATIONAL STUDENTS)

What to do if you do not have a copy or unsure?

ASK YOU PARENTS OR GUARDIANS.

CHECK WITH YOUR DOCTOR'S OFFICE.

CHECK WITH YOUR LOCAL HEALTH DEPARTMENT.

Call or email our office for more information and assistance at 918.444.4735

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