

Vaccine History Form for OU-Tulsa College of Medicine Students

Last Name (print) _____ First Name _____ Middle Name _____

College/Program MEDICINE Graduation Year 2019 Date of Birth _____

Address _____ Phone _____

1. Tuberculin PPD Mantoux Skin Test or Interferon Gamma Release Assay (IGRA) Complete item A or B.

- a. Attach evidence of a negative tuberculin PPD (Mantoux) test received in the last 12 months.....Test Date _____
or
b. Date of first positive tuberculin PPD or IGRA test.....Test Date _____
i. Attach evidence of a follow-up negative chest x-ray.....X-Ray Date _____
ii. Did you receive isoniazid-based therapy?..... ☐ Yes ☐ No

2. Varicella (Chicken Pox) Complete A or B.

- a. Attach evidence of a positive varicella IgG titer blood test.....Test Date _____
or
b. Attach evidence of two varicella immunizations..... 1) _____ 2) _____

3. ***MMR Immunization (Measles (Rubeola), Mumps, Rubella) Complete A or B.*******

- a. Attach evidence of 2 MMR immunizations.....1) _____ 2) _____
or
b. Attach evidence of a positive blood test for IgG titers:
Measles (Rubeola) IgG.....Test Date _____
Mumps IgG.....Test Date _____
Rubella IgG.....Test Date _____

4. Hepatitis B immunizations Complete A and B.

- a. Attach evidence of 1, 2, and 3 Hepatitis B immunizations and dates.....1) _____ 2) _____ 3) _____
AND
b. Attach evidence of a positive blood test for Hepatitis B surface antibodies.....Test Date _____

5. Tetanus and Diphtheria and Pertussis Complete A.

- a. Attach evidence of 1 adult Tdap immunization.....1) _____

University of Oklahoma- Tulsa College of Medicine

Release of Student Health Information to Affiliated Clinical or Education Sites

I understand that sites affiliated with the University of Oklahoma College of Medicine may require the information I have provided on this form and the attachments to this form regarding 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.

Student Name (please print) _____

Student Signature _____ Date _____

Dear OU Tulsa College of Medicine Student:

You must complete this form and attach documentation of vaccines, TB skin tests and titer reports and return to:

OU Tulsa Student Health
4444 East 41st Street #3501
Tulsa, OK 74135
Phone: 918-619-4565 Fax: 918-619-4566

Documentation must be received prior to orientation. Deadline is August 1st! Please send as soon as possible!

The following additional information is provided for your reference:

1. Tuberculin Skin Test (PPD Mantoux)- Attach a record of a negative TB skin test taken within the past 12 months of your start date. If you have a history of a positive TB skin test you will be required to complete an Annual TB Symptom Questionnaire and provide documentation of a negative chest x-ray report. If you need a questionnaire please contact Student Health.
2. Varicella (Chickenpox)- Attach evidence of two doses of the vaccine given at least four weeks apart or a positive Varicella IgG titer blood test.
3. MMR (Measles (Rubeola), Mumps, Rubella (German Measles))- Attach evidence of either two doses of MMR given at least 28 days apart after the age of 12 months or submit positive titer blood tests; Rubeola (Measles) IgG titer, Mumps IgG titer, Rubella IgG titer.

***** Vaccination with two Rubeola (Measles) vaccines, two Mumps vaccines and one Rubella vaccine will also meet the requirement*****
4. Hepatitis B- Submit documentation of 3 doses of Hepatitis B vaccine **and** a post vaccination positive Hepatitis B surface antibody. If you just started the Hepatitis B series (given at 0 month, 1 month and 6 months) and will not be completed with the series by orientation, please note on the form.
5. Attach evidence of one adult Tdap immunization.

If you need vaccination, TB testing or titers, Student Health can provide these for you. Please call 918-619-4565 for these services or any questions you may have.