

# 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.

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Please provide us a copy of your immunization records

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***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.

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

[immunizations@nsuok.edu](mailto:immunizations@nsuok.edu)

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