

# Certificate of Immunization

## ► Required of all students

Please print or type.

**Questions?**  
440-775-8180 or  
student.health@oberlin.edu  
(e-mail preferred)

*Return to:*  
**Oberlin College**  
Student Health Services  
247 W. Lorain St., Suite A  
Oberlin, OH 44074

*Or fax to:* 440-775-6404

**DEADLINE:** July 1, 2009

The information you provide on this form is strictly for the use of Student Health Services and the Sports Medicine Department and will not be released to anyone without your knowledge and consent. **All full-time students and others utilizing the services of Student Health Services must complete this form.** Enrollment will be delayed until all required sections of this form are completed.

The only circumstances under which a student may be exempt from the requirements listed on this form are as follows:

■ Certification in writing by an examining physician who is of the opinion that the physical condition is such that health would be endangered by one or more of the immunizations. The student will be required to submit laboratory evidence of immunity to measles, mumps, and rubella, and if not immune, will have to leave campus in the event of an outbreak.

OR

■ The student states in writing that the required immunizations would conflict with his or her religious beliefs. The student will be required to submit laboratory evidence of immunity to measles, mumps, and rubella, and if not immune, will have to leave campus in the event of an outbreak.

Name:

Date of Birth:

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

Middle

\_\_\_\_\_

Month/Date/Year

### REQUIRED IMMUNIZATIONS

**A. MMR (Measles, Mumps, Rubella).** Two live immunizations required on or after the first birthday, at least 30 days apart.

1. Dose 1  $\frac{\text{mo.}}{\text{day}} / \frac{\text{day}}{\text{yr.}}$       2. Dose 2  $\frac{\text{mo.}}{\text{day}} / \frac{\text{day}}{\text{yr.}}$       Check type given:  MMR    Measles

A positive serological test for immunity to any of the above diseases is acceptable instead of immunizations.

A history of disease is not acceptable.

Positive MEASLES titer:  $\frac{\text{mo.}}{\text{day}} / \frac{\text{day}}{\text{yr.}}$       Positive MUMPS titer:  $\frac{\text{mo.}}{\text{day}} / \frac{\text{day}}{\text{yr.}}$       Positive RUBELLA titer:  $\frac{\text{mo.}}{\text{day}} / \frac{\text{day}}{\text{yr.}}$

### B. Tetanus-Diphtheria

1. Primary series DTaP or DTP: 1.  $\frac{\text{mo.}}{\text{day}} / \frac{\text{day}}{\text{yr.}}$     2.  $\frac{\text{mo.}}{\text{day}} / \frac{\text{day}}{\text{yr.}}$     3.  $\frac{\text{mo.}}{\text{day}} / \frac{\text{day}}{\text{yr.}}$     4.  $\frac{\text{mo.}}{\text{day}} / \frac{\text{day}}{\text{yr.}}$

2. Td booster (within last 10 years):  $\frac{\text{mo.}}{\text{day}} / \frac{\text{day}}{\text{yr.}}$

### C. Polio

1. Primary series (minimum three dates required):

OPV (oral)    IPV (injected): 1.  $\frac{\text{mo.}}{\text{day}} / \frac{\text{day}}{\text{yr.}}$     2.  $\frac{\text{mo.}}{\text{day}} / \frac{\text{day}}{\text{yr.}}$     3.  $\frac{\text{mo.}}{\text{day}} / \frac{\text{day}}{\text{yr.}}$     4.  $\frac{\text{mo.}}{\text{day}} / \frac{\text{day}}{\text{yr.}}$

*(Please complete reverse side.)*

## Certificate of Immunization *(continued)*

### REQUIRED TUBERCULOSIS SCREENING – Only if a member of a high-risk group

1. Does the student have signs or symptoms of active tuberculosis disease?  Yes  No

*If No, proceed to question 2. If Yes, proceed with additional evaluation to exclude active tuberculosis disease, including tuberculin skin testing, chest X-ray, and sputum evaluation as indicated.*

2. Is the student a member of a high-risk\* group?  Yes  No

*If No, stop. If Yes, place tuberculin skin test (Mantoux only: Inject 0.1 ml of purified protein derivative [PPD] tuberculin containing 5 tuberculin units [TU] intradermally into the volar [inner] surface of the forearm.) A history of BCG vaccination should not preclude testing of a member of a high-risk group.*

*\* High-risk students include those who have arrived within the past five years from countries where TB is endemic. It is easier to identify countries of low rather than high TB prevalence. Therefore, students should undergo TB screening if they have arrived from countries EXCEPT those on the following list: Canada, Jamaica, Saint Kitts and Nevis, Saint Lucia, USA, Virgin Islands (USA), Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, Malta, Monaco, Netherlands, Norway, San Marino, Sweden, Switzerland, United Kingdom, American Samoa, Australia, or New Zealand. Other categories of high-risk students include those with HIV infection, who inject drugs, who have resided in, volunteered in, or worked in high-risk congregate settings such as prisons, nursing homes, hospitals, residential facilities for patients with AIDS, or homeless shelters; and those who have clinical conditions such as diabetes, chronic renal failure, leukemias or lymphomas, low body weight, gastrectomy and jejunioileal bypass, chronic malabsorption syndromes, prolonged corticosteroid therapy (e.g., prednisone 15 mg/d for 1 month) or other immunosuppressive disorders.*

3. Tuberculin skin test

Date given:  $\frac{\quad}{\text{mo.}} / \frac{\quad}{\text{day}} / \frac{\quad}{\text{yr.}}$  Date read:  $\frac{\quad}{\text{mo.}} / \frac{\quad}{\text{day}} / \frac{\quad}{\text{yr.}}$

Result: \_\_\_\_\_ (Record actual mm of induration, transverse diameter; if no induration, write "0").

Interpretation (based on mm of induration as well as risk factors):  Positive  Negative

4. Chest X-ray (required if tuberculin skin test is positive). Result:  Normal  Abnormal

Date of chest X-ray:  $\frac{\quad}{\text{mo.}} / \frac{\quad}{\text{day}} / \frac{\quad}{\text{yr.}}$

### STRONGLY RECOMMENDED IMMUNIZATIONS

#### A. Hepatitis B immunization series

Dose 1.  $\frac{\quad}{\text{mo.}} / \frac{\quad}{\text{day}} / \frac{\quad}{\text{yr.}}$  Dose 2.  $\frac{\quad}{\text{mo.}} / \frac{\quad}{\text{day}} / \frac{\quad}{\text{yr.}}$  Dose 3.  $\frac{\quad}{\text{mo.}} / \frac{\quad}{\text{day}} / \frac{\quad}{\text{yr.}}$

B. Meningococcal vaccine  $\frac{\quad}{\text{mo.}} / \frac{\quad}{\text{day}} / \frac{\quad}{\text{yr.}}$

#### C. History of Chickenpox OR chickenpox vaccine

1. Chickenpox:  $\frac{\quad}{\text{mo.}} / \frac{\quad}{\text{day}} / \frac{\quad}{\text{yr.}}$

OR

2. Chickenpox vaccination:  $\frac{\quad}{\text{mo.}} / \frac{\quad}{\text{day}} / \frac{\quad}{\text{yr.}}$

D. Pertussis vaccine  $\frac{\quad}{\text{mo.}} / \frac{\quad}{\text{day}} / \frac{\quad}{\text{yr.}}$