

University of Oklahoma Health Sciences Center
Vaccine History Form for College of Pharmacy Students

Name _____ SSN _____ Date of Birth _____

College _____ Graduation Year _____ Phone _____

Address _____

1. Tuberculin PPD Mantoux Skin Test (Tine or Monovac test not acceptable) 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 (Mantoux) 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 (Chickenpox) complete a or b
- a. "Attach evidence of varicella blood test. Test Date _____
or
b. "Attach evidence of two varicella immunizations..... 1) 2)

3. Rubeola (Measles) complete a or b
- a. "Attach evidence of 2 rubeola immunizations 4 weeks apart after the age of 12 months..... 1) 2)
or
b. "Attach evidence of a positive blood test for IGG antibodies Test Date _____

4. Rubella (German Measles) complete a or b
- a. "Attach evidence of 1 rubella immunization received after the age of 12 months..... Vaccine Date _____
or
b. "Attach evidence of a positive blood test for IGG antibodies Test Date _____

5. Mumps complete a or b
- a. "Attach evidence of one mumps immunization received after the age of twelve months..... Vaccine Date _____
b. "Attach evidence of a positive blood test for IGG antibodies..... Test Date _____

6. Hepatitis B immunizations complete a, b, c or d
- a. "Attach evidence of 1, 2, and 3 hepatitis B immunizations and dates..... 1) 2) 3)
or
b. "Attach evidence of a positive blood test for IGG antibodies..... Test Date _____
or
c. "I will complete the hepatitis B immunization series through designated methods specified by the institution.
or
d. "**Vaccine Refusal** - I understand that due to my occupational or student exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV infection). I have been given the opportunity to be vaccinated with hepatitis B vaccine (at no charge to me if I am an OUHSC employee). However, I decline the hepatitis B vaccine at this time. I understand by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood and other potentially infectious materials and want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series (at no charge to me if I am an OUHSC employee).
Printed Name _____ Signature _____ Date _____

7. Tetanus and Diphtheria complete a or b
- a. "Attach evidence of 3 childhood Diphtheria-Pertussis-Tetanus (DPT)..... 1) 2) 3)
Attach evidence of 1 adult Tetanus-diphtheria (Td) immunization..... 1) 2)
or
b. "Attach evidence of 2 adult Tetanus-diphtheria (Td) immunizations received no less than 4 weeks apart, with at least 1 of these received in the last 10 years..... 1) 2)