



IMMUNIZATION RECORD

To be completed and signed by your health care provider or attach copies of medical/shot records.  
**\*\*All information must be in English\*\***

Student's Full Name \_\_\_\_\_  
Last Name First Name Middle Name

Student Number \_\_\_\_\_  
If you do not have a student #, indicate with an NI (not issued)

Date of Birth \_\_\_\_\_  
Month Day Year

**MANDATORY IMMUNIZATIONS REQUIRED BY LAW FOR ENROLLED STUDENTS**

1) MMR (Measles, Mumps, Rubella): *Two doses required*

You are not required to have the MMR vaccine if you were born before 1957.....

Dose #1 given at age 12 months or later .....#1 \_\_\_/\_\_\_/\_\_\_  
Mo. Date Yr.

Dose #2 given at age 4-6 years or later, and at least one month after first dose .....#2 \_\_\_/\_\_\_/\_\_\_  
Mo. Date Yr.

2) Hepatitis B: *Three doses required*

Dose #1 \_\_\_/\_\_\_/\_\_\_  
Mo. Date Yr.

Dose #2 \_\_\_/\_\_\_/\_\_\_  
Mo. Date Yr.

Dose #3 \_\_\_/\_\_\_/\_\_\_  
Mo. Date Yr.

**REQUIRED FOR ALL STUDENTS WHO RESIDE IN ON-CAMPUS HOUSING  
(residence halls, University apartments, fraternities, sororities)**

1) Meningococcal (Meningitis): One dose required.....\_\_\_/\_\_\_/\_\_\_  
Mo. Date Yr.

*You may sign a meningitis waiver that you have received and reviewed the information provided on meningitis and have chosen not to be vaccinated. If you are under the age of 18, your legal guardian will be required to sign the waiver.*

**HEALTH CARE PROVIDER**

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Signature \_\_\_\_\_ Address \_\_\_\_\_

Date \_\_\_\_\_

PLEASE FAX, MAIL, OR SCAN THIS FORM TO: ALEXANDER HEALTH CENTER  
THE UNIVERSITY OF TULSA  
800 SOUTH TUCKER DRIVE  
TULSA, OK 74104  
FAX: (918) 631-2078  
E-MAIL: ahcmedical@utulsa.edu