

Ouachita Baptist University

Immunization Requirements

PLEASE READ CAREFULLY

Measles/Mumps/Rubella Requirements

The State of Arkansas requires that all college students born after December 31, 1956, have 2 doses of the measles vaccine and 1 dose of the mumps and rubella. The first dose of the measles/mumps/rubella vaccine must be after your first birthday. Most students have been given this vaccine in the form of an MMR.

Meningitis Information

Arkansas Act 1233 of 1999 requires us to inform you of a bacterial infection known as meningitis. Although meningitis is rare, individuals who live in close proximity to many others such as in residence halls have a slightly higher risk of contracting this disease. There is a vaccine available and Ouachita Baptist University recommends that all students living in residence halls discuss receiving this vaccine with their Health Care Provider. The vaccine is not available in Health Services.

Tuberculosis (TB) Screening

TB Screening is required in OBU Health Services of all foreign-born students where TB is endemic.

* If you were born in **Asia, Africa, Central or South America or Eastern Europe** and are not a permanent resident of the United States or if you have had any contact with a person with known active TB you must come to Health Services for a TB skin test.

*A negative chest x-ray or a BCG vaccination is not a substitute for a skin test for International Students.

*TB skin test is required for any student that does not fit into the category as foreign-born, but has lived outside of the US in the last 12 months. It can be done prior to registration at your Healthcare provider.

Religious/Personal Exemptions: Only the Arkansas Department of Health provides this exemption. It must be renewed yearly. They may be contacted by calling 501-661-2169.

Medical Exemption: Must provide proof of immunity by serological testing, history of the disease, or medically contraindicated. Appropriate documentation must be sent to the Arkansas Department of Health. They may be contacted by calling 501-661-2169.

Instructions: Immunization records may be submitted to the University in the following ways:

Copies of personal immunization records that have been signed by your physician

Copies of physician office or Health Department immunization records

Copies of records from another educational institution (college, high school)

Have the following form completed and signed by your Health Care Provider

***Immunization Records must be in prior to registration or your classes will be put on hold.**

Ouachita Baptist University Immunization Form

Please submit all **Immunizations** and **Health Form** to:

Ouachita Baptist University
Office of the Registrar
PO Box 3757
Arkadelphia AR, 71998-001

OBU ID # _____

Last Name _____ First Name _____ MI _____

Preferred Name _____

Date of Birth _____/_____/_____ Social Security Number ____/____/____-____-____/____/____

Country of Birth _____

Student Status: Freshman _____ Transfer _____ Returning Student _____
Part-time _____ Full-time _____

Immunizations Required by Arkansas Health Laws

M.M.R.(Measles,Mumps,Rubella) 2 doses Measles, 1 dose Mumps & Rubella Required

1. MMR _____/_____/_____ Mo. Day Year 2.MMR _____/_____/_____ Mo. Day Year

Immunizations Recommended

TETANUS/DIPHTHERIA (Booster within the last 10 years) _____/_____/_____ Mo. Day Year

TUBERCULOSIS SKIN TEST Results _____mm
_____/_____/_____
Mo. Day Year

* **REQUIRED** If you have lived out of the country in the last 12 months
*International students living in endemic areas to receive TB skin test in Health Services

HEPITITIS B (Three doses or TWINIX)

1. _____/_____/_____ Mo. Day Year 2. _____/_____/_____ Mo. Day Year 3. _____/_____/_____ Mo. Day Year

MENINGOCOCCAL Conjugate Vaccine (A, C, Y, W-135) _____/_____/_____ Mo. Day Year

HEALTH CARE PROVIDER

Name/Title _____ Address _____

Signature _____ Telephone (____) _____

Ouachita Baptist University Health Form

Student Information

Student's Preferred Name _____

Parent(s), Guardian or Spouse _____

Home phone () _____ Work Phone () _____

Medical Insurance (You may attach a copy of your card to the form if preferred)

Company _____

Policy Number _____ Policy Holder _____

Primary Care Physician _____

Address _____ Telephone () _____

*The University provides information concerning a group policy for students who are not covered otherwise.

Student's Medical History

Height _____ Weight _____

Has the student ever had or now have any of the following? If yes, please give the date diagnosed and/or treated:

	Y/N	Date		Y/N	Date
Diabetes	_____	_____	Epilepsy/Seizures	_____	_____
Surgery	_____	_____	Heart Disease	_____	_____
Tuberculosis	_____	_____	Kidney Disease	_____	_____
Chicken Pox	_____	_____	High Blood Pressure	_____	_____
Asthma	_____	_____			

Any other significant diseases or illnesses: _____

Further comments on any of the above that were answered YES _____

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POLICY ON COMMUNICABLE DISEASES

Ouachita reserves the right to restrict campus activities or access to any student, prospective student, or campus visitor, who has been diagnosed as having a contagious or communicable disease or virus.

It is assumed that students are free of any communicable disease while a part of the university community. Any student who knows, or who has reason to believe that he/she may be infected by a communicable disease must report this information to the university health service, who will then inform the Vice President for Student Services. Any restrictions and/or exclusions deemed necessary for the welfare of all students will be determined in light of the most current medical knowledge and in accordance with state and federal law.

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List any medications taken regularly _____

List any know allergies to: Medication _____ Food _____ Other _____

Is there any physical condition that prohibits participation in physical activity? Yes _____ No _____

If yes, please explain _____

To the best of my knowledge, the above information is true and correct.

STUDENT/PARENT/GUARDIAN SIGNATURE

DATE