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___________________________________________________________

Last      First
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)  Required  2 doses Measles, 1 dose Mumps & Rubella

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

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<thead>
<tr>
<th>Y/N</th>
<th>Date</th>
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<tr>
<td>Diabetes</td>
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<td>Epilepsy/Seizures</td>
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<td>Surgery</td>
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<td>Heart Disease</td>
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<td>Tuberculosis</td>
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<td>Kidney Disease</td>
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<td>Chicken Pox</td>
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<td>High Blood Pressure</td>
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Asthma _____
Any other significant diseases or illnesses:____________________________________________________________
Further comments on any of the above that were answered YES

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.

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 ___________________________