

Ouachita Baptist University Immunization Form
Please submit all Immunizations and Health Form to:
Ouachita Baptist University
Office of the Registrar, P.O. Box 3757
Arkadelphia, AR 71998-001, USA

Last Name _____ First Name _____ MI _____
Country of Birth: _____ Race: _____ Gender: _____ AGE _____ Hispanic ___ Y/N
Date of Birth ___/___/___

A. Student's Medical History (Must be answered)

Height _____ Weight _____

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

Diabetes _____	Date _____	Epilepsy/Seizures _____	Date _____
Surgery _____	Date _____	Heart Disease _____	Date _____
Tuberculosis _____	Date _____	Kidney Disease _____	Date _____
Chicken Pox _____	Date _____	High Blood Pressure _____	Date _____
Asthma _____	Date _____	HIV test _____ Results _____	Date _____

Any other significant diseases or illnesses _____ Date _____

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

B. 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 _____

C. Immunization Records

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

1. Copies of personal immunization records that have been signed by your physician.
2. Copies of physician office or Health Department immunization records
3. Copies of records from another educational institution (college, high school)

D. Mandatory Vaccines in the State of Arkansas

Requirement: For incoming freshmen and foreign-born student, two does of MMR vaccine.

Ouachita Baptist University and the Arkansas Department of Health require that students born after December 31, 1956, have 2 doses of the MMR vaccine. The first dose of the MMR vaccine must be after your first (1st) birthday. (2nd dose at least 28 days after 1st. Dose)

MMR (These are a combined shot in the US)

- 1) Measles
- 2) Mumps
- 3) Rubella

*If you have not had the MMR dose as required please get them **BEFORE** you enter the US.*

	Month/Day/Year
1. Measles	
1. Mumps	
1. Rubella	
2. Measles	
2. Mumps	
2. Rubella	

E. Mandatory testing in the State of Arkansas

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 will be required to do a TB spot test upon arrival.**

**Bringing negative TB test results from home will not legally suffice.*

Please give date of BCG if have had in past. _____

F. Highly Recommended Vaccines:

Meningococcal-Meningitis

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. We recommend that you take this immunization before arrival if possible.

Other recommended Vaccines:

- Tdap (also called Tetanus plus) –1 shot-Tetanus (plus Diphtheria & Pertussis)
- Hepatitis B (3 doses) is a virus that infects and damages the liver.
- Hepatitis A (2 doses) is inflammation of the liver caused by the hepatitis A virus . Symptoms Jaundice (condition causing yellow eyes and skin, dark urine, abdominal pain, loss of appetite, nausea, fever, diarrhea, fatigue)

	Month/Day/Year
Meningococcal (Meningitis)	
Tdap (Tetanus plus)	
1. Hepatitis B	
2. Hepatitis B	
3. Hepatitis B	
1. Hepatitis A	
2. Hepatitis A	
Chicken Pox (Varicella)	

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

Student/Parent/Guardian Signature

Date

Physician Signature

Date