

Ouachita Baptist University

Immunization Requirements

PLEASE READ CAREFULLY

Measles/Mumps/Rubella Requirements (MMR)

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 birthday.

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.

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/Philosophical Exemptions: Only the Arkansas Department of Health provides this exemption. It must be renewed yearly. Forms can be obtained by e-mail only- immunization.section@arkansas.gov They may be contacted by calling 501-661-2169 for questions.

Medical Exemption: Must provide proof of immunity by serological testing, history of the disease, or medically contraindicated. Appropriate documentation must be sent to Health Services for approval.

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.**

OBU ID # _____
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 _____

.....
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 known 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