



Alexander Student Health Center

THE UNIVERSITY OF TULSA IMMUNIZATION RECORD

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

Student's Full Name _____
Last Name First Name Middle Name

Datatel Number _____
If you do not have a datatel, indicate with an NI (not issued)

Date of Birth _____
Month Day Year

MANDATORY IMMUNIZATIONS REQUIRED FOR ALL ENROLLED STUDENTS

1. MMR (Measles/Mumps/Rubella): two doses required
(If you were born before 1957, check this box You are not required to have an MMR)

Dose #1 given at age 12-15 months or later#1 ____/____
Mo. Yr.
Dose #2 given at age 4-6 years or later, and at least one month after first dose.....#2 ____/____
Mo. Yr.

2. Hepatitis B (three doses required)

Dose #1 ____/____ Dose #2 ____/____ Dose #3 ____/____
Mo. Yr. Mo. Yr. Mo. Yr.

REQUIRED FOR ALL FIRST-TIME ENROLLEES WHO RESIDE IN ON-CAMPUS STUDENT HOUSING (residence halls, University apartments, fraternities, sororities)

1. Meningococcal (one dose)
Quadrivalent polysaccharide vaccine ____/____
Mo. Yr.

Or you may stop by Alexander Student Health Center and sign a 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 _____

Please read other side of this form

AUTHORIZATION FOR MEDICAL TREATMENT FOR STUDENTS UNDER THE AGE OF 18

In order for students under the age of 18 to receive medical treatment at the Student Health Center, a parent or legal guardian must sign the following statement:

I authorize the Alexander Student Health Center to administer medical and surgical services, immunizations and therapeutic procedures as deemed necessary by duly licensed personnel.

Parent's or Guardian's Signature _____ Relationship _____ Date _____

These immunizations will be available at the student health center, please call for an appointment, 631-2241

The Family Education Rights and Privacy Act of 1974 (FERPA) as amended protects the privacy of student educational records and limits access to the information contained in those records. However, FERPA allows disclosure to parents of students under the age of 21 who violate drug or alcohol laws or policies. Institutions may disclose this information to parents "without regard to whether the student is a dependent." New regulations were added to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regarding the privacy of health information. These regulations are effective April 14, 2003. Although FERPA pre-empts the rules of HIPAA, there may be situations where HIPAA standards will require the release of information.

For further information regarding immunizations, waiver forms and health services please go to www.utulsa.edu/alexhealth.

PLEASE RETURN THIS FORM TO:

**Alexander Student Health Center
University of Tulsa
2946 East 5th Street
Tulsa, Oklahoma
74104**

