

# State University of New York at Oswego • Immunization Form

Walker Health Center • 315-312-4100 ph • 315-312-5409 fax • whealth@oswego.edu

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Student ID # \_\_\_\_\_

Have your doctor, nurse practitioner, physician's assistant or school nurse complete and sign the form  
OR a copy of your immunizations from your high school, prior college, or private health care office is acceptable.

**IMMUNIZATION RECORD REQUIRED\* (Dates Must Be Written Mo/Day/Yr): Please read attach letter for detailed instructions.**

DISEASE	Vaccine Date Given Mo/Day/Yr	Vaccine Manufacturer	Vaccine Lot Number	Initials of Vaccine Administrator OR certifying health professional	Physician Diagnosed Disease History (date onset)	Serology Date/Results (copy of lab report MUST be attached)
<b>MEASLES<sup>*1</sup></b>	# 1					
	# 2					
<b>MUMPS<sup>*2</sup></b>						
<b>RUBELLA<sup>*3</sup></b>						
<b>OR COMBINED MMR<sup>*1&amp;2</sup></b>	# 1	Merck				
	# 2	Merck				
<b>TETANUS/DIPHtherIA</b> Tetanus Diphtheria Tdap - Recommended						
<b>VARICELLA Recommended</b>	# 1					
	# 2					
<b>HEPATITIS A</b>	# 1					
	# 2					
<b>HEPATITIS B Recommended</b>	# 1					
	# 2					
	# 3					
<b>MENINGOCOCCAL MENINGITIS VACCINE Recommended:</b> Menomune <i>OR</i> Menactra	# 1					
<b>GARDASIL Recommended</b>	# 1					
	# 2					
	# 3					

**New York State Law requires all entering college students to have:**

- 1 Two doses of LIVE virus measles (rubeola) vaccine (live vaccine was available after 1/1/68) at least 30 days apart.  
The first dose of live virus vaccine administered after the age of 12 months.  
A second dose administered more than 30 days after the first but after 15 months of age.
- 2 LIVE virus mumps vaccine (live vaccine was available after 1/1/68) administered after the age of 12 months.
- 3 LIVE virus rubella vaccine (live vaccine was available after 1/1/68) administered after the age of 12 months.

\* **NOTE:** Students born before 1/1/57 do not need to fulfill measles, mumps, rubella requirement. Required for international students.

**SIGNATURE REQUIRED:**

**I certify that the above immunization information is complete and accurate to the best of my knowledge:**

\_\_\_\_\_  
Signature of provider or school official (MD, NP, PA, RN)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name and address of certifying provider or school official

**Mantoux testing is required if foreign born in TB endemic country or travel to TB endemic country > 1 month.**

TEST	CXR	Date placed Mo/Day/Yr	Manufacturer	Date Read	Size of Induration	Reader Initials
<b>PPD</b>						

**IMPORTANT INFORMATION TO HELP YOU FILL OUT THIS FORM CORRECTLY**

- **Immunization and health history for student to fill out and return**
- **Optional Physical Exam**
- **Athletes: Mandatory Pre-participation Sports Physical Exam. See Additional Form.**

Walker Health Center and its professional staff welcome you to Oswego State. Pay attention to the following information to help you meet the health clearance requirements by correctly completing this Health History and Immunization Form. *Students who do not comply or fully meet this requirement will be restricted from class attendance.*

**Where can you obtain an acceptable record of your immunizations?**

- **High School** - These records must contain adequate information (the month, day, year) for each immunization.
- **Personal Immunization Records** - Transfer immunization information to this form and have your MD, NP, PA, or school nurse sign the form.
- **Local Health Departments** - If primary immunizations were received at your County Health Department request a certified copy from there.
- **Transfer Students** - Obtain a copy of your immunizations from your previously attended school by getting in direct contact with the Health Service.
- **Meningococcal Meningitis vaccine** - Recommended for students living in college residence halls. Meningococcal Meningitis is a rare, very serious, and potentially fatal disease. Certain strains of the disease can be prevented by vaccination. The vaccination has a lasting effect of up to 5 years. Talk to your health care provider about the need for this vaccine.
- **Tdap** - Recommended within 10 years.

**For further information, please contact Walker Health Center at 315-312-4100 Monday through Friday 9 a.m. to 4 p.m.**

**INSTRUCTIONS:**

Follow printed instructions for each section of this form and then mail, fax, or email it directly to Walker Health Center. Complete the Personal Information and Health Insurance Information. Insurance information is necessary if you need outpatient laboratory or x-ray services as an adjunct to your care at Walker Health Center as well as for emergencies.

**The Immunization Record is extremely important and complex.**

*You cannot live on campus or attend class if this information is incomplete or inaccurate, and/or a Certifying Signature is not included.*

- Review the requirements carefully with your school nurse, health care provider, or clinic.
- Submit your immunizations with your clinician's signature (MD, NP, RN, or PA) OR an official copy from your high school or college is acceptable.
- Update vaccines as indicated by the stated standards.
- Exemptions are considered for medical or religious reasons only. All exemption requests must be in writing with all details of request included.
- Skin testing for tuberculosis exposure will be performed on campus at Walker Health Center for persons born or having residence in environments with endemic tuberculosis or students needing testing for community service or employment.

**Health Insurance information - including this information will ease student access to referrals.**

*Before waiving the Oswego State Student Health Insurance Plan, be sure your current coverage can be used for OUTPATIENT SERVICES (lab costs, x-rays) and specialist referrals in this community.*

**Personal and Medical History**

- Complete as accurately as possible with necessary explanations. Accuracy of information will allow our providers to provide safe health care. You have the option to complete the health history via online link in new student menu or completing the whole form and sending with your immunizations.

**Permission to treat underage students**

- Parents of students under 18 years of age must complete this section.

**OPTIONAL PHYSICAL EXAM: Who should have a physical?**

- Athletes: **Mandatory Pre-participation Sports Physical Exam. See Additional Form.**
- Any student with a history of chronic disease (asthma, diabetes, arthritis, cancer, heart, kidney, endocrine, lung disease, or any eating disorder).

Due Date: As soon as possible. (ASAP)  
Students will NOT be able to register for orientatin until this form and your Health History Form are received.  
Health History form can be accessed from link on new student menu or [www.oswego.edu/walker](http://www.oswego.edu/walker).

Return the form by mail, email or fax: Walker Health Center, Bldg. #10  
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Oswego, NY 13126  
[whealth@oswego.edu](mailto:whealth@oswego.edu)  
Fax # (315) 312-5409