OKLAHOMA STATE UNIVERSITY
DEPARTMENT OF COMMUNICATION SCIENCES AND DISORDERS
IMMUNIZATION RECORD

This is to verify that __________________________________________________________ has had the following immunizations.

____________________ MMR (Measles, Mumps, Rubella)
Dates of two MMRs or TIters ________________________________

____________________ Hepatitis B
Date began series: ______________
Date of second vaccination: __________
Date completed series: ____________

____________________ Hepatitis A or Waiver (optional)
Date began series: ______________
Date completed series: ____________

____________________ Negative TB test (tuberculosis) within the last twelve months
Date TB skin test or chest x-ray & clearance: _______________

____________________ Date of Chickenpox or vaccines

____________________ Date of tetanus shot

______________________________________________________________
Signature of physician or other qualified health care worker

______________________________________________________________
Print name and title

WAIVER: I have been informed of the reasons necessitating a Hepatitis A shot prior to beginning my practicum assignments. I have chosen to waive this requirement. I realize that the OSU Communication Sciences and Disorders Department cannot guarantee safety from exposure to communicable disease and my waiver may pose a threat to my health. In addition, it may limit my placement regarding off-campus practicum sites that require such precautions.

_______________________________
Witness

_______________________________
Signature of Student

_______________________________
Date

_______________________________
Date