

**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**