

Student Health Information Form

Complete and return to OSU Cascades by: MAIL, EMAIL or FAX

Which term are you beginning school?	STUDENT ID#
Name Last First Middle	Country of Citizenship <input type="checkbox"/> USA <input type="checkbox"/> Other country, specify: _____ <input type="checkbox"/> US Resident Alien Card# _____
Date of Birth	Race: _____ <input type="checkbox"/> male <input type="checkbox"/> female
Permanent address	Whom should we contact in an emergency? Name Relationship
City State Zip	Address
Primary phone number	City State Zip
Secondary phone number	Primary Phone:
Email address	Secondary Phone:

Vaccinations are REQUIRED by Oregon law and OSU

IMMUNIZATION DOCUMENTATION FORM



2 doses of Measles, Mumps and 1 dose of Rubella (MMR) | Meningococcal (MCV4) REQUIRED if under the age of 22
Tdap 1 dose since 2005 | HEP B 3 dose series | Varicella 2 dose series or provide approximate date of chicken pox disease

For additional information on OSU immunization requirements please go to:

<http://studenthealth.oregonstate.edu/general/policies-and-guidelines/immunizations-tb-screening-and-health-history>

REQUIRED VACCINES

MMR: (Measles, Mumps Rubella combined) 2 doses required **Meningococcal (MCV4)**
Dose 1 ____/____/____ Dose 2 ____/____/____ Most Recent Dose: ____/____/____

Tdap **HEP B**
Dose 1 ____/____/____ Dose 1 ____/____/____ Dose 2 ____/____/____ Dose 3 ____/____/____

Varicella
Dose 1 ____/____/____ Dose 2 ____/____/____ or Date of Chicken Pox Disease ____/____/____

➤OR<

Serological Confirmation of Immunity: Lab tests (titers) may be substituted as proof of immunity in lieu of vaccinations.
COPIES OF LAB WORK MUST BE ATTACHED I have attached a copy of my titer results

Exemptions:

- I was born before January 1, 1957 (automatic exemption from MMR requirement)
- Medical or religious waiver requested: Please contact Enrollment Services for Waiver form and instructions

I have read and understand the above notifications.

To the best of my knowledge, the health and immunization history I have given is accurate. I understand that if this form is not completed within 6 weeks after my first date of attendance at OSU, a registration hold will be placed on my university account.

Student Signature

Printed Name

Date

Student ID #