

Kent State University Health Services
Mandatory New Student Immunization Requirements

Name _____ SS# _____
Address _____ Cell Phone _____
City _____ State _____ Zip _____
Date of Birth _____ Birth Country _____ E-Mail _____

Students born before Jan. 1st, 1957 are exempt from Part I. **All other students must complete and submit Part I International students must also complete Part II.**

PART I - MEASLES/MUMPS/RUBELLA (MMR VACCINE)

Requirement: TWO doses of MMR vaccine after the age of one and separated by at least one month Date: #1 _____

#2 _____

-OR-

One dose of MMR vaccine in the last 6 years

If immunizations were NOT given in the MMR combined vaccine – please indicate dates received:

Date: MEASLES #1 _____ MUMPS #1 _____ RUBELLA #1 _____

MEASLES #2 _____ MUMPS #2 _____ RUBELLA #2 _____

ALL IMMUNIZATION DATES **MUST** BE VERIFIED BY A PHYSICIAN OR HEALTH CARE PROVIDER

-OR-

A **COPY** OF YOUR IMMUNIZATION RECORD MUST BE ATTACHED TO THIS COMPLETED FORM

Healthcare provider's name and address:

Healthcare Provider Signature

PART II – TB SCREENING – INTERNATIONAL STUDENTS ONLY

Students from the following countries are required to have a tuberculosis screening test (TB test – Mantoux-type); Africa, Eastern Europe, Russia, Mexico, Central America, South America, Asia (including the Middle East, the Pacific Islands and the Caribbean). This test must be completed within 12 months prior to starting classes.

(For a complete list of WHO (World Health Organization) high risk countries visit our website @ www.uhs.kent.edu)

I was not born in or had an extended stay in any country listed above.

TB Test (Mantoux): Date Given: _____ Date Read: _____ Results (record in millimeters): _____

Chest X-ray (required if TB test is positive or student has a history of positive TB test): Chest X-ray Date: _____ Results: _____

Treated with Anti-tuberculosis drug? YES NO

Healthcare provider's name and address:

Healthcare Provider Signature

PART III – MENINGITIS AND HEPATITIS B VACCINATION STATUS STATEMENT

The vaccination status statement for Meningitis and Hepatitis B is included in the application/contract for housing at Kent State University. Information on Meningitis and Hepatitis B is available by visiting www.uhs.kent.edu or www.odh.ohio.gov.

Return this form to: Kent State University Health Services
P.O. Box 5190
Kent, OH 44242-0001
Fax (330) 672-2272
Phone (330) 672-8263

KSU OFFICE USE ONLY	
<input type="checkbox"/> Complete	<input type="checkbox"/> On EMR
Date _____	Initials _____

Statement Of Exemption To Immunization Policy

In the event of an outbreak, the University will communicate the recommendations of the Ohio Department of Health through the Kent State University Emergency Preparedness System, including options for those who are exempted from immunizations.

MEDICAL EXEMPTION

The physical condition of _____ is such that immunization/screening would endanger life or health, or is medically contraindicated due to other medical conditions.

Physician name, address, and telephone: _____

Physician's Signature

Date

HOLD HARMLESS

I understand and agree that in exchange for being exempted from the immunization requirement, I agree to hold Kent State University, its Board of Trustees, agents, officers, medical personnel, and employees, harmless for any and all direct, indirect, special or consequential damages or costs, legal and otherwise, which I may incur as a result of refusing immunization, even if due to the negligence of Kent State University or any person serving in the above-identified capacities.

Student's Signature

Date