

CERTIFICATE OF REQUIRED IMMUNIZATIONS

Immunizations Department – Office of the Registrar

RETAIN A COPY OF THE COMPLETED FORM FOR YOUR RECORDS

Semester: _____ Country of Birth: _____

Cell Phone #: _____ Email: _____

Name (Last, First, Middle) _____

Address: _____ City: _____ State: _____ Country: _____

Zip Code: _____ Birth Date: _____

REQUIRED IMMUNIZATIONS	REQUIREMENT (MM/DD/YYYY)	REQUIRED FOR:
MMR (Measles, Mumps, Rubella) OR	#1 _____ #2 _____	<ul style="list-style-type: none"> All foreign born students regardless of year born US/Canadian students born in 1957 or later 1st due at 12 months of age or older 2nd dose administered no earlier than 28 days after 1st dose
<ul style="list-style-type: none"> Measles (Rubeola) AND <ul style="list-style-type: none"> Mumps AND <ul style="list-style-type: none"> Rubella (German Measles) 	#1 _____ #2 _____ OR Attached antibody titer (blood test) lab report AND #1 _____ #2 _____ OR Attached antibody titer (blood test) lab report AND #1 _____ OR Attached antibody titer (blood test) lab report.	<ul style="list-style-type: none"> US/Canadian students born in 1957 or later If Antibody titer does not indicate immunity, injection series required. You <u>must</u> submit the antibody titer report on lab letterhead from a certified lab with definitive lab values in English. 1st due at 12 months of age or older 2nd dose administered no earlier than 28 days after 1st dose
Varicella (Chicken Pox)	#1 _____ #2 _____ Or Attached antibody titer (blood test) lab report Or Definitive diagnosis of varicella by healthcare provider (history of disease reported to provider not sufficient). Provide statement from provider verifying previous infection.	<ul style="list-style-type: none"> <u>SELF/PARENTAL REPORTED HISTORY OF DISEASE NOT ACCEPTED</u> All foreign born students regardless of year born. US/Canadian born students born during or after 1980. 1st due at 12 months of age or older 2nd dose administered no earlier than 28 days after 1st dose If Antibody titer does not indicate immunity, injection series required. You <u>must</u> submit the antibody titer report on lab letterhead from a certified lab with definitive lab values in English.
Tetanus, Diphtheria, Pertussis (Tdap)	Tdap _____ (REQUIRED)	<ul style="list-style-type: none"> One dose of Tdap for all students. Preferably administered after 11th birthday. Must be administered after June 10, 2005.
Hepatitis B OR Hep A-Hep B (Twinrix)	#1 _____ #2 _____ #3 _____ OR Attached antibody titer (blood test) lab report	<ul style="list-style-type: none"> All Students who will be 18 or younger on the first day of class. If Antibody titer does not indicate immunity, injection series required. You <u>must</u> submit the antibody titer report on lab letterhead from a certified lab with definitive lab values in English.
Meningococcal	Menactra or Menveo _____ (MCV4) Or Menactra or Menveo _____ Booster (MCV4)	<ul style="list-style-type: none"> All students living in in KSU Campus Housing NOTE: A student may sign a statement of understanding in lieu of providing proof of immunization. NOTE: It is strongly recommended for all students under the age of 22.
Tuberculosis (TB)	All students MUST complete the Tuberculosis Screening Questionnaire found on page 2. <small>physician.</small>	<ul style="list-style-type: none"> If the answer to any of the TB screening questions is YES, then the TB skin test or IGRA needs to be completed by a

CERTIFICATION OF HEALTHCARE PROVIDER

Name: _____

Signature: _____

Phone: _____ **Date:** _____



