

## Immunization Record

Name: Hong, Gildong Male: o Female: \_\_\_\_\_Social Security # or UCO ID #: 공란으로 두세요 Date of birth: 02/07/1994**TO BE COMPLETED AND SIGNED BY YOUR HEALTH CARE PROVIDER OR ATTACH COPIES OF RECORDS**

All information must be in English

**REQUIRED (Mandatory) Immunization for All University Students:  
Two Doses of MEASLES, MUMPS AND RUBELLA (MMR) vaccine and three doses of Hepatitis B.**

Vaccine Enter date each immunization was given

Measles (Month, Day, Year)	#1 09/15/1994	#2 05/07/1995	<ul style="list-style-type: none"> <li>• Measles, mumps and rubella (MMR) vaccine is not required for college students born before January 1957.</li> <li>• The first MMR vaccine must have been given no earlier than 4 days before the first birthday. The 2nd dose of MMR vaccine or of measles vaccine must have been administered at least 28 calendar days after the 1st dose.</li> <li>• In lieu of immunization, written evidence of laboratory tests showing range of immunity to measles, mumps, and rubella is acceptable. Attach written proof to the Certificate.</li> </ul>
Mumps (Month, Day, Year)	#1 09/15/1994	#2 05/07/1995	
Rubella (Month, Day, Year)	#1 09/15/1994	#2 05/07/1995	
Hepatitis B (Month, Day, Year)	#1 02/09/1994	#2 03/09/1994	#3 04/09/1994

**Housing Student Immunizations**

Meningococcal (Meningitis) Quadrivalent polysaccharide vaccine	#1 <b>공란으로 두세요</b>
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**Tuberculosis Screening (Required for all International Students and must be performed at the UCO Student Health Center or another U.S. facility)**

1. PPD (Mantoux) within the past 6 months Result: \_\_\_\_\_
2. If PPD is positive (10mm or greater), chest X-ray required.

X-Ray results: Normal \_\_\_\_\_ Abnormal \_\_\_\_\_

3. If previously treated for TB, please submit copied of medical records indicating treatment

**To the Health Professional**

Please review the requirements, administer the needed immunizations, and sign below to validate.

Signed 의사서명기입 Title 진료과목(예, 내과, 소아과, 가정의학과 등) Date 면역증발급일자 10/24/2014**ex: Dr. Shin's Pediatric / Dr. Kim's Medical Clinic 등**

Please return completed form to: **University of Central Oklahoma  
Students Health Center  
100 North University Drive Box 123  
Edmond, OK 73034**

**ATTENTION: Student may also fax (1.405.974.3842) or email (international@uco.edu) this form prior to departure for online pre-enrollment permission. Please do not forget to bring along your original form for verification purposes upon arrival.**