

*All information disclosed on this form will be kept confidential and will be shared with appropriate College personnel on a need-to know basis only.

OREGON INSTITUTE OF TECHNOLOGY
Integrated Student Health Center
 3201 Campus Drive Klamath Falls, Oregon 97601
 Phone: 541-885-1800

La Grande
 Chemeketa

Name (print) _____ Date of Birth _____ Student ID# 918-_____

IMMUNIZATION RECORD

****PROOF OF IMMUNIZATION MUST BE IN THE FORM OF A VACCINATION RECORD OR SIGNED STATEMENT BY PHYSICIAN. Please attach a copy of one of these. If you are unable to provide proof of immunization, you may schedule an appointment with your local health department or doctor.**

REQUIRED IMMUNIZATIONS PRIOR TO REGISTRATION:

➤ **Measles/Mumps/Rubella** – Must have 2 doses if born _____ Date 1st dose: ___/___/___
 after 12/31/1956 Date 2nd dose: ___/___/___

REQUIRED IMMUNIZATIONS FOR YOUR PROGRAM:

➤ Date of last TB skin test: _____ Results: _____
 If positive skin test, Date of last chest x-ray: _____ Results: _____
 Healthcare provider signature: _____ Date: _____

➤ **Hepatitis B Series** Date 1st dose ___/___/___
Hepatitis A/B Series Date 2nd dose ___/___/___
 Date 3rd dose ___/___/___
 Titer: Results: _____
 ➤ **Varicella** Date 1st dose ___/___/___
 Date 2nd dose ___/___/___
 OR
 Titer: Results _____

RECOMMENDED IMMUNIZATIONS:

Hepatitis A	Meningitis	Influenza	Tetanus
1 st dose date:	1 st dose date:	Date:	Date:
2 nd dose date:			

Please refer to our website for more information on recommended vaccines for college. <http://www.oit.edu/immunizations-recommended>.

By checking this box, I am authorizing the Dental Hygiene Program and the OIT Integrated Student Health Center to mutually exchange information regarding the Immunization Form and copies of the Required Immunizations. Initials: _____

STUDENT SIGNATURE: _____ **DATE:** _____

This form must be on file in The OIT Integrated Student Health Center, the La Grande Campus, and with the Chemeketa Community College Campus. Please complete, print and mail to: OIT Integrated Student Health Center 3201 Campus Drive Klamath Falls, Oregon 97601. For questions, please contact the OIT Integrated Student Health Center at (541) 885-1800.

<u>OFFICE USE</u>
Date Reviewed _____
Reviewed By _____
Cleared _____
Health Hold _____