



**Langston University**  
**Student Health Services**  
**Policies and Forms**  
**October 3, 2016**



## Official Notice: Immunization Requirements for Langston University Students

Oklahoma state law requires that all new students who attend Oklahoma colleges and universities for the first time provide proof of immunization for certain diseases. If you cannot verify your immunizations, you will need to be re-immunized. Medical, religious and moral exemptions are allowed by law and such requests must be made in writing using the Langston Certificate of Exemption form. The requirements shall not apply to students enrolling in courses delivered via the internet or distance learning in which the student is not required to attend class on campus.

### Acceptable documentation of immunization includes any of the following:

Signature of a physician or nurse on provided form verifying the accuracy of submitted information.

Copies of shot records

Copies of medical records

Copies of school health records

Copies of laboratory test results demonstrating immunity

### Immunizations Required by State Law

| Vaccination                               | Who must comply                             | Compliance Requirements  | Compliance Date  |
|---|---|--|--|
| <b>Meningitis</b>                         | All new students living in campus housing   | See meningitis policy included.  | At move in   |
| <b>Measles, Mumps, Rubella, TWO DOSES</b> | All new students born after January 1, 1957 | Proof of vaccination with <b>TWO DOSES</b> of vaccine; or lab test demonstrating immunity; or, signed Certificate or Exemption | End of the fourth week of classes  |
| <b>Hepatitis B</b>                        | All new students                            | Proof of completion of a Hepatitis B Series or signed Certificate of Exemption   | Minimum of first 2 shots by 6 <sup>th</sup> week of class; completion of series by 4 <sup>th</sup> week of the student's second semester |

**FAILURE TO COMPLY WITH THESE ABOVE REQUIREMENTS WILL RESULT  
IN A HOLD BEING PLACED ON FUTURE ENROLLMENT**

# **Student Vaccinations and Health Screenings Policy**

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## **Langston University Health Center**

**October 3, 2016**

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### **Summary**

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The following policy describes current health vaccination and screening requirements for new students enrolling at Langston University. This policy will serve as an update to previous policies.

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### **Policy**

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#### **POLICY STATEMENT**

All new students attending Langston University are required to provide proof of immunization for certain diseases. Students, with the exception of athletes, are not required to have a medical physical in order to be enrolled. The Langston University Health Clinic will provide a physical, at no additional charge, to any enrolling student if requested by the student.

Students who meet defined criteria (see below) will be required to have a Tuberculosis screening.

Students who are living in campus housing are required to have the meningococcal vaccination unless an exemption has been filed. Additional information regarding Langston University Meningitis Vaccination Policy can be found on the Langston University Health Center website.

#### **BACKGROUND**

Students were previously required to present for a medical physical. At this time, medical physicals will be elective and not a mandatory requirement for a student's enrollment at Langston University. The current Langston University Policy is consistent with the policies of its partner universities within the OSU/A&M system.

#### **CURRENT REQUIREMENTS**

##### **Immunizations Required by State Law:**

- a. Meningitis (All new students living in student housing)
- b. Measles, Mumps, Rubella, TWO DOSES
- c. Hepatitis B

### Highly Recommended (non---mandated) Immunizations:

- a. Hepatitis A
- b. Tetanus---Diphtheria
- c. Polio

### Tuberculosis Screening:

- a. Students currently holding a visa from the U.S. Immigration Service
- b. A U.S. student and citizen who has resided outside the U.S. for more than 8 weeks continuously
- c. Students with a health/medical condition that suppresses the immune system
- d. Students with known exposure to someone with active Tuberculosis disease

*If none of the above apply to a new student, then Tuberculosis screening is not mandated; however, it is still highly recommended.*

### EXEMPTIONS

Medical, religious and moral exemptions for immunizations are allowed by law and such requests must be made in writing using the Langston University exemption form.

### PROCEDURES

Students can submit vaccination records to the admissions office or directly to the Health Clinic **(LU Health Clinic, P.O. Box 1500, Langston, OK 73050; fax: (405) 466-3402)**. Students who desire to file an exemption for any of the vaccinations can present the signed exemption forms to the Health Clinic

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### Contact Information

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For additional information on the Langston University policy regarding immunizations, you can contact the Langston University Health Clinic at 405-466-3335.

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## Immunization Record

To be completed and signed by your health care provider OR attach  
copies of previous vaccination records.

**Required (Mandatory) immunization for University Students:  
Two Doses of Measles, Mumps, and Rubella (MMR) vaccine.**

|                                      |           |           |  |
|--------------------------------------|-----------|-----------|--|
| <b>Measles</b><br>(Month, Day, Year) | <b>#1</b> | <b>#2</b> | <input type="checkbox"/> Measles, mumps and rubella (MMR) vaccine is not required for college students born before January 1957.<br><input type="checkbox"/> The first MMR must have been given no earlier than 4 days before the 1 <sup>st</sup> birthday. The 2 <sup>nd</sup> dose of measles, mumps and rubella vaccine or measles vaccine must have been administered at least 28 calendar days after the 1 <sup>st</sup> dose.<br><input type="checkbox"/> 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. |
| <b>Mumps</b><br>(Month, Day, Year)   | <b>#1</b> | <b>#2</b> |  |
| <b>Rubella</b><br>(Month, Day, Year) | <b>#1</b> | <b>#2</b> |  |

|  |           |           |           |
|--|-----------|-----------|-----------|
| <b>Hepatitis B</b><br>(Month, Day, Year) | <b>#1</b> | <b>#2</b> | <b>#3</b> |
|--|-----------|-----------|-----------|

### Recommended (Other) Immunizations

|  |           |           |                         |           |                     |
|--|-----------|-----------|-------------------------|-----------|---------------------|
| <b>Hepatitis A</b><br>(Month, Day, Year)                       | <b>#1</b> | <b>#2</b> | <b>Polio</b><br>OPV/IPV | <b>#1</b> |                     |
| <b>Tetanus---Diphtheria</b><br>DTaP or DTP and booster with Td | <b>#1</b> | <b>#2</b> | <b>#3</b>               | <b>#4</b> | <b>(Td) booster</b> |

|  |           |
|--|-----------|
| <b>Meningococcal</b><br>Quadrivalent<br>polysaccharide vaccine | <b>#1</b> |
|--|-----------|

**If completed by physician**

To the best of my knowledge, the person above has received the above immunizations

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

(Physician, Nurse--- Do not sign unless minimum requirements for MMR and Hepatitis B are met)

# Certificate of Vaccination Exemption

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|                                |               |             |          |
|--------------------------------|---------------|-------------|----------|
| Name of Student (please print) | Date of Birth | Student ID# |          |
| <hr/>                          |               |             |          |
| Street/P.O. Box                | City          | State       | Zip Code |

## Type of Exemption

**1. MEDICAL CONTRAINDICATION:**

I hereby certify that the immunization(s) specified below are medically contraindicated for named student.

|                            |                        |
|----------------------------|------------------------|
| Immunization(s)            | Immunization(s)        |
| Specify Contra indications | Signature of Physician |
|                            | Date                   |

**2. Religious Objection:**

I hereby certify that immunization is contrary to the teachings of the below named religion

|          |   |      |
|----------|---|------|
| Religion | Signature of student or parent (if minor) | Date |
|----------|---|------|

**3. Personal Objection:**

I hereby certify that the immunization is contrary to my beliefs. I request an exemption to the immunization requirements for Oklahoma colleges and universities. I have written a brief summary of my objections in the space provided below. I understand that lost records are not grounds for an exemption. I also understand that in the event of a disease outbreak at Langston University, I may have to be excluded for my personal protection and the protection of other students at Langston University.

Briefly summarize your objections in this space: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

|  |      |
|--|------|
| Signature of student or parent (if student is a minor) | Date |
|--|------|

**4. Please check which immunizations this exemption applies to:**

- |  |                                      |                                     |
|--|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> MMR (Measles, Mumps, & Rubella) | <input type="checkbox"/> Hepatitis B |                                     |
| <input type="checkbox"/> All                             | <input type="checkbox"/> Polio       | <input type="checkbox"/> Meningitis |

|  |      |
|--|------|
| Signature of student or parent (if student is a minor) | Date |
|--|------|

## Certificate of Compliance Meningococcal Disease

Oklahoma Statutes, Title 70 3243, requires that all students who are first time enrollees in any public or private postsecondary educational institution in this state and who reside in on-campus student housing shall be vaccinated against Meningococcal Disease. Institutions of higher education must provide the student or the student's parents or other legal representative detailed information on the risks associated with Meningococcal Disease and on the availability and effectiveness of any vaccine.

The statute permits the student or, if the student is a minor, the student's parents or other legal representative, to sign a written waiver stating that the student has received and reviewed the information provided on the risks associated with Meningococcal Disease and on the availability and effectiveness of any vaccine, and has chosen not to be or not to have the student vaccinated.

|                                       |                       |                                      |
|---------------------------------------|-----------------------|--------------------------------------|
| _____                                 | _____                 |                                      |
| <b>Name of Student {please print}</b> | <b>Campus Address</b> |                                      |
| _____                                 | _____                 |                                      |
| <b>Date of Birth</b>                  | <b>Student ID</b>     | _____                                |
|                                       |                       | <b>Term/Year of First Enrollment</b> |

1. I have received and reviewed detailed information on the risks associated with Meningococcal Disease and,
2. I have received and reviewed information on the availability and effectiveness on any vaccine (against Meningococcal Disease, and
3. Further, I certify that: (place a check in the applicable box, below)

I have been vaccinated against Meningococcal Disease and the appropriate signature below verifies this.

**Signature of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of a physician, nurse, or designated school official:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I choose not to be vaccinated\* against Meningococcal Disease

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Or, as the parent or other legal representative, I certify that the student named above is a minor and that I have received and reviewed the information provided and that I have chosen not to have the student vaccinated.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*With this waiver, I seek exemption from this agreement. I voluntarily agree to release, discharge, indemnify and hold harmless Langston University, its officers, employees and agents from any and all costs, liabilities, expenses, claims, demands, or cause of action on account of any loss or personal injury that might result from my decision not to be immunized against Meningitis. I also understand that in the event of a disease outbreak at the University, I may have to be excluded for my protection and that of other students at the University.

**Please return this form and any related medical documentation to:**  
**Office of the Dean of Students**  
**William H. Hale Student Success Center, 701 Sammie Davis Jr. Drive, Langston, OK 73050**