



East Central University Immunization Record

Name: _____ Male: _____ Female: _____

Social Security # or ECU ID #: _____ Date of birth: _____

TO BE COMPLETED AND SIGNED BY YOUR HEALTH CARE PROVIDER OR ATTACH COPIES OF RECORDS
All information must be in English

REQUIRED (Mandatory) Immunizations for All ECU Students:

Two Doses of MEASLES, MUMPS AND RUBELLA (MMR) and three doses of Hepatitis B vaccine.

Vaccine Enter date each immunization was given

Measles (Month, Day, Year)	#1	#2	<ul style="list-style-type: none"> • Measles, mumps and rubella (MMR) vaccine is not required for college students born before January 1957. • 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. • 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 Record.
Mumps (Month, Day, Year)	#1	#2	
Rubella (Month, Day, Year)	#1	#2	
Hepatitis B (Month, Day, Year)	#1	#2	#3

Housing Student Immunizations

Meningococcal (Meningitis) Quadrivalent polysaccharide vaccine	#1
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Tuberculosis Screening (*Required for all International Students and must be performed at the ECU Student Health Services 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 Care Professional

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

Primary Phone: _____ E-mail Address: _____

Signed _____ Title _____ Date _____

Please return completed form to:

intlstu@ecok.edu OR mail to:

East Central University
International Office
1100 E. 14th PMB E-1
Ada, OK 74820