

Ozark Christian College
IMMUNIZATION POLICY & INSTRUCTIONS
for ALL Residential Students

Please read carefully. **Failure to complete as instructed could result in housing being denied.** For questions, please call Richardson Health Center at 417.626.1234 ext. 2360, fax 417.624.0090, or email health@occ.edu.

Instructions

1. Read the OCC Immunization Policy below (Pages 1). Part I, II, III, and IV are mandatory for all residential students.
2. Complete Tuberculosis Risk Assessment (Page 2) and obtain testing if required.
3. Complete the Immunization Documentation Form (Page 3). Include other acceptable documents if appropriate.
4. Complete the Waiver Request Form (if appropriate) (Page 4).
5. Forms are available at my.occ.edu/ICS/Student_Life/Health_Wellness/Immunization.jnz
6. Mail completed Health History Form, Tuberculosis Risk Assessment, Immunization Documentation Form (including other acceptable immunization documents) and if applicable the Waiver Request Form to:

Richardson Health Center
Ozark Christian College
1111 North Main Street
Joplin, MO 64801

Part I Measles, Mumps, Rubella (MMR) Required for all Residential Students

Ozark Christian College requires that all newly enrolled or readmitted campus housing students born after December 31, 1956 comply with a two-dose Measles, Mumps, and Rubella Immunization Policy. Failure to comply could result in housing being denied.

Requirement:

- 1) **2 doses of MMR vaccine.** The first dose must have been given at age 12 months or later. The second dose must have been given at least one month after the first one.
- OR**
- 2) **Titer (blood test)** results proving immunity to measles (rubeola), mumps, and rubella. Documentation is required.

Information available at: cdc.gov/vaccines/hcp/vis/current-vis.html

Part II Meningococcal Vaccine Required for all Residential Students

Ozark Christian College requires students in college housing to either:

- 1) Show documentation of meningococcal vaccine, or
- 2) Sign a waiver that indicates you have been directed to the CDC website for educational materials on meningococcal disease, but have not received the vaccine.

Information available at: cdc.gov/vaccines/pubs/vis/downloads/vis-mening.pdf

Part III Tetanus/Diphtheria/Pertussis (Tdap) Required for all Residential Students

Ozark Christian College requires students in college housing to:

- 1) Show documentation of Tetanus/Diphtheria/Pertussis (Tdap) or Tetanus (Td) administered within the last 10 years.

Information available at: cdc.gov/vaccines/hcp/vis/current-vis.html

Part IV Tuberculosis (TB) Screening Required for all Residential Students

Ozark Christian College requires Tuberculosis Risk Assessment for high-risk students. **Complete the Tuberculosis Risk Assessment Form (see Page 2).**

Information available at: cdc.gov/tb/

TUBERCULOSIS RISK ASSESSMENT

This policy requires students living in residence halls who meet any of the criteria below to provide evidence of having been tested in the U.S. for tuberculosis within six months prior to coming to Ozark Christian College.

Last Name _____ First Name _____ MI _____ Student ID number _____

Please check all that apply:

- Student currently holding a visa from U.S. Immigration
- Student with a health or medical condition that suppresses the immune system
- Student who has been a health care worker, volunteer, or employee of a nursing home, prison, or other residential institution
- Student with known exposure to someone with active tuberculosis disease
- Student who has had a previous positive TB skin test (*Chest x-ray required*)
- Student who has lived or traveled outside the U.S for greater than 2 months within the past 5 years
- None of the above apply (*Tuberculosis screen not required... forward this assessment with your other records*)

Student Signature _____ Date _____
(Parent/Guardian if under age 18)

If you checked any but the last category above: OCC requires Tuberculosis screening within 6 months prior to campus arrival. A history of BCG vaccination does not preclude testing.

To be filled out by health care provider:

A. Tuberculin Skin Test:

Date placed ____ / ____ / ____ Date read ____ / ____ / ____ (must be within 48-72 hours)

Result: _____mm (Record actual mm of induration, transverse diameter. If no induration, record as "0" mm.)

Interpretation: (based on mm of induration) NEGATIVE POSITIVE

B. Chest X-Ray: (Required if PPD skin test is positive or student has a history of previous positive tuberculin skin test.)

Date of chest x-ray ____ / ____ / ____ Results: NORMAL ABNORMAL **** Include copy of the chest x-ray report in English and signed by a physician

Treatment:

- Type of treatment: _____
- Length of treatment (dates) _____ OR _____ Treatment denied
- Each year an annual statement for tuberculin reactors must be completed and submitted within 6 months prior to campus arrival
- _____ Student cleared to attend college and residential living.

Verification of the above Tuberculosis Screening by Healthcare Provider (This line MUST be signed.)

Verified by _____ () _____
Print Name/Title Address Phone

Provider Signature/Title: _____ Date: _____

Richardson Health Center
Ozark Christian College
1111 North Main Street
Joplin, MO 64801
Phone: (417) 626-1234
Fax: (417) 624-0090

IMMUNIZATION DOCUMENTATION FORM

NOTE: Acceptable documents also include: copies (not originals) of personal immunization records ("baby book"); copies of physician's office or health department immunization records; or copies of high school or previous college immunization records.

Last Name First Name MI Male Female Student ID Number

Address City State Zip
() ()
Phone Cell Phone Date of Birth Age

Bottom portion must be completed and signed by your health care provider unless acceptable documents are provided.

REQUIRED IMMUNIZATIONS for all OCC students living in campus housing.

***Required immunizations are for your protection against these communicable diseases.

1. **M.M.R.** (Measles, Mumps, Rubella) (two doses required for students born in 1957 or later)

- Dose 1 given at age 12-15 months or later #1 / /
M D Y
- Dose 2 given at age 4-6 years or later, and at least one month after first dose #2 / /
M D Y
- Laboratory/serologic evidence of immunity (attach copy of titer and date)

2. **Tetanus-Diphtheria-Pertussis** (Primary series complete. Booster with Tdap or Td in the last ten years.)

- Tdap booster (preferred) to replace a single dose to TD for booster with at least five year since last dose of Td.
- OR** / /
M D Y
- Td booster within the last 10 years / /
M D Y

3. **Meningitis Vaccine** – (Menactra) within the last 5 years. Proof of receipt of the Meningococcal Vaccine or a signed medical or religious waiver declining the vaccine is required of all incoming, first time campus housing students. Students ages 19 through 21 years who are living on campus need a booster dose if their previous dose was given before age 16 years. A parent or guardian signature is required for students under the age of 18 if declining vaccine.

- Menactra (MCV4) / /
M D Y
- Waiver signed (See last page for waiver)

Health Care Provider (signature required) To the best of my knowledge, the person above has received the above immunizations.

Name: _____ Signature: _____
(Please print)

Address: _____
Street/P.O. Box

City: _____ State _____ Zip _____

Phone: () _____ Date: _____

Ozark Christian College WAIVER REQUEST

If a campus outbreak of measles, mumps, rubella, pertussis or meningococcal disease occurs, students with waivers will be subject to exclusion from campus until the outbreak is over as declared by Missouri Department of Health and Senior Services or their designated agency.

► **MEDICAL WAIVER** Please refer to cdc.gov/vaccines/hcp/vis/current-vis.html for educational materials on meningococcal disease.

(Print name of student) _____ should be exempt from some or all of the pre-entrance immunization requirements required by OCC campus housing. Administration of the following immunizing agent(s) would be detrimental to this student's health.

List immunization(s): _____

Physician's Signature: _____ Date: _____

Does not apply to tuberculosis (TB) testing if required

► **RELIGIOUS WAIVER** Letter from a church official must accompany this waiver. Please refer to cdc.gov/vaccines/hcp/vis/current-vis.html for educational materials on meningococcal disease.

I, (print name) _____ wish to be exempt

from the immunization requirements required by OCC campus housing because administration of immunizing agents conflicts with my religious beliefs. I release Ozark Christian College and their agents and employees from any responsibility for any impairment of my health. I understand that this waiver does not apply to tuberculosis (TB) testing if required.

Student's Signature: _____ Student ID#: _____ Date: _____