

## **IMPORTANT!**

### **IMMUNIZATION REQUIREMENTS FOR ALL INCOMING STUDENTS**

In accordance to Pittsburg State University's Immunization Compliance policy, Bryant Student Health Center (BSHC) **MUST** receive evidence of the student's compliance with the following immunizations:

1. **Measles, Mumps & Rubella (MMR):** ALL newly enrolled freshman, transfer, graduate & international students born on or after January 1, 1957 must show proof of **TWO** MMR vaccinations at least 28 days apart. These are typically received between one and five years of age. History of the disease is not sufficient for compliance unless it is accompanied by documentation of a positive blood titer.
2. **Meningitis:** ALL newly enrolled PSU students living in university-owned group housing are required to be vaccinated for meningitis within the past five (5) years. If the vaccination was received greater than 5 years ago, a booster dose will be necessary.

#### **Before you begin classes, we need the attached form completed:**

This form may be completed and signed by a medical provider in the paper format, **OR** you may attach an official certified copy of your immunization record from a medical office, high school immunization record, childhood immunization booklet, etc. to the completed form. You should include your date of birth and seven digit PSU ID# on **ALL** the submitted documents.

#### **This information should then be submitted in one of these ways:**

- Bring to the Bryant Student Health Center, or
- Email to: [healthctr@pittstate.edu](mailto:healthctr@pittstate.edu), or
- Fax to: (620) 235-4455, or
- Mail to: Bryant Student Health Center, 1701 S. Broadway, Pittsburg, KS 66762

**QUESTIONS?** If you have questions, please contact the Bryant Student Health Center at [healthctr@pittstate.edu](mailto:healthctr@pittstate.edu) or (620) 235-4452.

<p><b>IMPORTANT: Without this evidence of compliance an enrollment HOLD will be placed on your student record and you will NOT be permitted to enroll in classes.</b></p>
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## Proof of Immunization Compliance

**MUST BE COMPLETED BY A HEALTH CARE PROVIDER OR OFFICIAL COPY OF IMMUNIZATION RECORDS  
 MUST BE ATTACHED TO THIS COMPLETED FORM**

*\*Official copies may be obtained from a physician's office or a school transcript that contains the information.*

### PART 1 – COMPLETED BY STUDENT

PATIENT NAME: (PLEASE PRINT)  
 LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_ PSU ID# \_\_\_\_\_  
 CONTACT PHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ LIVING ON CAMPUS?  YES  NO

**IN THE ABSENCE OF COMPLETING THIS FORM, AN ENROLLMENT HOLD WILL BE APPLIED AND THE STUDENT WILL BE UNABLE TO ENROLL IN SUBSEQUENT SEMESTERS.**

### PART 2 – MUST BE COMPLETED BY A HEALTH CARE PROVIDER

<b>REQUIRED FOR ALL STUDENTS</b>	<b>MEASLES, MUMPS, RUBELLA (MMR)</b>		
	<b>Required</b> for all newly enrolled or reenrolled PSU students who were born on or after January 1, 1957		
	<b>#1:</b> Must be on, or after 1st (first) Birthday.  MMR: _____ OR: Measles: _____ Mumps: _____ Rubella: _____	<b>#2:</b> Must be after 1979 and at least 28 days after 1 <sup>st</sup> (first) MMR.  MMR: _____ OR: Measles: _____ Mumps: _____ Rubella: _____	<b>OR:</b>  <b>SEROLOGICAL CONFIRMATION OF IMMUNITY:</b> <i>Attach copy of lab result.</i>

<b>REQUIRED FOR HOUSING STUDENTS</b>	<b>MENINGOCOCCAL MENINGITIS</b>	
	<b>Required</b> for All Students Living in PSU University Housing.	
	<b>Meningitis vaccine must have been administered within past 5 (five) years.</b> <b>If the first dose (or series) is given after the 16<sup>th</sup> birthday, a booster is not needed.</b> Must receive either MCV4 or MPSV4 to meet these requirements. Other meningitis vaccinations are not accepted.	
	<b>MENVEO®/MENACTRA® - MCV4</b>  Date of most recent dose: _____ / _____ / _____ <div style="text-align: center; font-size: small;">M                      D                      Y</div>	<b>OR: MENOMUNE® - MPSV4</b>  Date of most recent dose: _____ / _____ / _____ <div style="text-align: center; font-size: small;">M                      D                      Y</div>

**\*\*WAIVER OPTION: FOR MEDICAL OR RELIGIOUS EXEMPTION, THE STUDENT WILL BE REQUIRED TO MEET WITH THE BSHC DIRECTOR OF OPERATIONS BEFORE THE WAIVER IS GRANTED.**

<b>RECOMMENDED FOR ALL STUDENTS</b>	<b>TETANUS, DIPHTHERIA, PERTUSSIS (TDAP/DTAP/ADACEL)</b>	
	Recommended for All Students.	
	Date of most recent booster dose: _____ / _____ / _____ <div style="text-align: center; font-size: small;">M                      D                      Y</div> Type of booster: <input type="checkbox"/> Td <input type="checkbox"/> Tdap	

<i>Healthcare Provider Name (Printed)</i>	<i>Healthcare Provider Address</i>
<i>Healthcare Provider Signature</i>	<i>Healthcare Provider Phone Number</i>