

Immunization Compliance Policy

Pittsburg State University is committed to protecting the health and well-being of our students. Therefore, PSU has implemented an Immunization Compliance ([hyperlink](#)) policy to ensure that students are educated about and receive vaccinations to prevent potentially serious and contagious diseases.

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. In the absence of this evidence an enrollment hold will be applied and the student will be unable to enroll in subsequent semesters.

- **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.
- **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.

Prior to the first day of classes, students must submit their immunization history using our Proof of Immunization Compliance form ([hyperlink](#)). This form may be completed and signed by a medical provider in the paper format, **OR** you may attach an official 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 forms.

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

- Turning it in at Pitt C.A.R.E.S./New Student Orientation, or
- Faxing to: (620) 235-4455, or
- Bringing to PSU Bryant Student Health Center upon campus arrival,
- Emailing to: healthctr@pittstate.edu
- Mailing to: Bryant Student Health Center, Pittsburg State University, 1701 South Broadway, Pittsburg, KS 66762.

If questions remain, please contact the Bryant Student Health Center at (620) 235-4452.

DEADLINE FOR SUBMITTING: SEPTEMBER 1ST FOR FALL SEMESTER ENROLLEES; JANUARY 1ST FOR SPRING SEMESTER ENROLLEES

NOTE: Without this evidence of compliance an enrollment HOLD will be applied and your student will be unable to enroll in subsequent semesters.

Your assistance in this requirement is greatly appreciated!

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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					
REQUIRED FOR ALL STUDENTS	MEASLES, MUMPS, RUBELLA (MMR) <u>Required</u> for all newly enrolled or reenrolled PSU students who were born on or after January 1, 1957 <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-right: 1px solid black; padding: 5px;"> #1: Must be on, or after 1st (first) Birthday. MMR: _____ OR: Measles: _____ Mumps: _____ Rubella: _____ </td> <td style="width: 33%; border-right: 1px solid black; padding: 5px;"> #2: Must be after 1979 and at least 28 days after 1st (first) MMR. MMR: _____ OR: Measles: _____ Mumps: _____ Rubella: _____ </td> <td style="width: 34%; padding: 5px;"> OR: SEROLOGICAL CONFIRMATION OF IMMUNITY: Attach copy of lab result. </td> </tr> </table>	#1: Must be on, or after 1st (first) Birthday. MMR: _____ OR: Measles: _____ Mumps: _____ Rubella: _____	#2: Must be after 1979 and at least 28 days after 1 st (first) MMR. MMR: _____ OR: Measles: _____ Mumps: _____ Rubella: _____	OR: SEROLOGICAL CONFIRMATION OF IMMUNITY: Attach copy of lab result.	
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REQUIRED FOR HOUSING STUDENTS	MENINGOCOCCAL MENINGITIS <u>Required</u> for All Students Living in PSU University Housing. <p style="text-align: center;">Meningitis vaccine must have been administered within past 5 (five) years. If the first dose (or series) is given after the 16th birthday, a booster is not needed. Must receive either MCV4 or MPSV4 to meet these requirements. Other meningitis vaccinations are not accepted.</p> MENVEO®/MENACTRA® - MCV4 OR: MENOMUNE® - MPSV4 Date of most recent dose: ____/____/____ Date of most recent dose: ____/____/____ <div style="display: flex; justify-content: space-around; width: 100%; font-size: small;"> M D Y 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.					
RECOMMENDED FOR ALL STUDENTS	TETANUS, DIPHTHERIA, PERTUSSIS (TDAP/DTAP/ADACEL) Recommended for All Students. Date of most recent booster dose: ____/____/____ <div style="display: flex; justify-content: center; font-size: small;"> M D Y </div> Type of booster: <input type="checkbox"/> Td <input type="checkbox"/> Tdap				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; padding: 5px;"><i>Healthcare Provider Name (Printed)</i></td> <td style="width: 50%; border-bottom: 1px solid black; padding: 5px;"><i>Healthcare Provider Address</i></td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 5px;"><i>Healthcare Provider Signature</i></td> <td style="border-bottom: 1px solid black; padding: 5px;"><i>Healthcare Provider Phone Number</i></td> </tr> </table>		<i>Healthcare Provider Name (Printed)</i>	<i>Healthcare Provider Address</i>	<i>Healthcare Provider Signature</i>	<i>Healthcare Provider Phone Number</i>
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