



## Rogers State University Health Sciences Department Immunization Statement and Waiver

Print Student Name: \_\_\_\_\_

Print Student ID Number: \_\_\_\_\_

Read and check each of the following statements before signing this document.

- I understand immunization against measles, mumps, rubella, varicella, hepatitis B and tetanus is a requirement of RSU Health Sciences Department.
- I understand I must provide documentation that I am free of the communicable disease of tuberculosis.
- I understand these immunizations and documents are part of the University's standard agreement with all clinical agencies.
- I understand that I am potentially exposed to such diseases or other infectious diseases during my educational experiences at this University.
- I understand that without such immunization I am at risk for infection of these diseases.
- I understand that infections of these diseases may result in short term, long term or irreversible (permanent) damage to my body and to any unborn children and accept full responsibility for this decision.
- I understand that due to my occupational exposure to blood or other potential infectious materials, I may be at risk of acquiring Hepatitis B virus HBV infection. I am in the process of being vaccinated with the Hepatitis B vaccine series. I understand that I continue to be at risk of acquiring Hepatitis B, a serious disease.

Check the following if they apply to you.

- I state that I have had varicella (chicken pox) Waiver.
- I am requesting a waiver for the Hepatitis B vaccination series due to the following reason:  
I have started the Hepatitis B vaccination series, but due to the time period between injections, the series is not complete.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### Special Notes:

- **Rubella Immunization or Titer:** required regardless of age.
- **Measles and Mumps:** Only adults born before 1957 can be considered immune to both measles and mumps because these infections were virtually universal before the availability of measles and mumps vaccines.
- **Varicella:** Adults who have had varicella (chicken pox) are considered immune and must document that history on this form. Adults who have not had or do not know whether they have had varicella (chicken pox) must either have a varicella immunization or a varicella titer documenting immunity.
- **Tuberculosis:** Adults who have a positive TB skin test must have a negative chest x-ray within the specified time period. If a chest x-ray is not medically advisable, you will need the required TB questionnaire provided by the County Health Department and signed by either the County Health Department or your personal healthcare provider.

**Important:** You are responsible for retaining the original records and providing the Health Sciences Department with a COPY of the required records for your student file. Due to privacy policies, we do not make copies of student records once in student files.

Submit this form to the Student Health Center in the Health Sciences Building (along back wall), fax to 918-343-7802 or email to [jbelcher@rsu.edu](mailto:jbelcher@rsu.edu). DO NOT turn immunizations in to the Health Sciences Department.