Oklahoma City Community College is providing you with this information in compliance with Oklahoma law, which requires that all students enrolling for the first time receive information about the benefits and risks associated with the below mentioned vaccinations.

MEASLES MUMPS & RUBELLA VACCINE

Why get vaccinated?

Measles
- Measles virus causes rash, cough, runny nose, eye irritation, and fever.
- It can lead to ear infection, pneumonia, seizures (jerking and staring), brain damage, and death.

Mumps
- Mumps virus causes fever, headache, and swollen glands.
- It can lead to deafness, meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, and, rarely, death.

Rubella (German Measles)
- Rubella virus causes rash, mild fever, and arthritis (mostly in women).
- If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects.

You can catch these diseases by being around someone who has them. They spread from person to person through the air.

Who should get Measles, Mumps and Rubella vaccine?

Children should receive 2 doses of the MMR vaccine. Everyone 18 years of age and older, who was born after 1956, should get at least one dose of the MMR vaccine, unless they can show that they have had either the vaccines or the diseases.

What are the risks of the Measles, Mumps and Rubella vaccines?

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of MMR vaccine causing serious harm, or death, is extremely small.

Getting MMR vaccine is much safer than getting any of these three diseases.

Most people who get MMR vaccine do not have any problems with it.

Mild problems
- Fever (up to 1 person out of 6)
- Mild rash (about 1 person out of 20)
- Swelling of glands in the checks or neck (rare)

If these problems occur, it is usually within 7-12 days after the shot. They occur less often after the second dose.

Moderate problems
- Seizure (jerking or staring) caused by fever (about 1 out of 3,000 doses)
- Temporary pain and stiffness in the joints, mostly in teenage or adult women (up to 1 out of 4)
- Temporary low platelet count, which can cause a bleeding disorder (about 1 out of 30,000 doses)

Severe Problems (Very Rare)
- Serious allergic reaction (less than 1 out of a million doses)
- Several other severe problems have been known to occur after a child gets MMR vaccine. But this happens so rarely, experts cannot be sure whether they are caused by the vaccine or not. These include:
  - Deafness
  - Long-term seizures, coma, or lowered consciousness
  - Permanent brain damage
HEPATITIS B VACCINE

Why get vaccinated?
The hepatitis B virus (HBV) can cause short-term (acute) illness that leads to:

- Loss of appetite
- Pain in muscles, joints, and stomach
- Diarrhea and vomiting
- Jaundice (yellow skin or eyes)
- Tiredness

It can also cause long-term (chronic) illness that leads to:

- Liver damage (cirrhosis)
- Liver cancer
- Death

Hepatitis B can be prevented. It is the first anti-cancer vaccine because it can prevent a form of liver cancer.

How is hepatitis B spread?
Hepatitis B virus is spread through contact with the blood and body fluids of an infected person. A person can get infected in several ways, such as:

- by having unprotected sex with an infected person
- by sharing needles when injecting illegal drugs
- by being stuck with a used needle on the job
- during birth when the virus passes from an infected mother to her baby

Who should get hepatitis B vaccine?
Everyone 18 years of age and younger.
Adults over 18 who are at risk. Those at risk include:

- people who have more than one sex partner in 6 months
- men who have sex with other men
- sex contacts of infected people
- people who inject illegal drugs
- health care and public safety workers who might be exposed to infected blood or body fluids
- household contacts of persons with chronic HBV infection

What are the risks from hepatitis B vaccine?
A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of hepatitis B vaccine causing serious harm, or death, is extremely small.

Getting hepatitis B vaccine is much safer than getting hepatitis B disease.

Most people who get hepatitis B vaccine do not have any problems with it.

Mild problems

- Soreness where the shot was given, lasting a day or two (up to 1 out of 11 children and adolescents, and about 1 out of 4 adults)
- Mild to moderate fever (up to 1 out of 14 children and adolescents and 1 out of 100 adults)

Severe problems

- Serious allergic reaction (very rare)

For more information:

- Ask your health care provider. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department’s immunization program. [Oklahoma City-County Health Dept. 427-8651]
- Contact the Centers for Disease Control and Prevention (CDC)
  - Call 1-800-232-2522 or 1-888-443-7232 (English)
  - Call 1-800-232-0233 (Español)
- Visit the National Immunization Program’s website at http://www.cdc.gov/nip
- CDC’s Division of Viral Hepatitis website at http://www.cdc.gov/hepatitis

Reporting reactions:

If you experience a reaction to a vaccine you should ask your doctor to file a Vaccine Adverse Event Reporting System (VAERS) form. Or call VAERS yourself at 1-800-822-7967 or visit their website at http://www.vaers.org

A federal program has been created to help you pay for the care of those who have a serious reaction to a vaccine. For details about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit the program’s website at http://www.hrsa.gov/osp/vicp
**DOCUMENTATION OF STUDENT VACCINATION STATUS**

In Compliance with Oklahoma Law and in accordance with Oklahoma City Community College Board of Regent Policy, the following information is required of all new students.

**Please check one of the following:**

- [ ] I hereby certify that I have received the vaccinations for measles, mumps, rubella and hepatitis B.
- [ ] I hereby certify that the administration of the vaccines for measles, mumps, rubella and hepatitis B conflict with my moral or religious tenets.
- [ ] I am submitting below a physician’s statement indicating it is medically contraindicated for me to take these vaccinations.
- [ ] I belong to one of the groups of students listed under the Exceptions portion of this form, and have identified the group to which I belong.

The information provided in this document is true and accurate to the best of my belief. I understand that falsification of this document is a violation of the Student Conduct code and such conduct could result in suspension, expulsion, or other disciplinary action taken by the college.

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Student ID#</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature of Student</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature of parent or legal guardian</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*(In the case of a minor, this must be certified by a parent or legal guardian.)*

**PHYSICIAN’S STATEMENT**

I hereby certify that the administration of the vaccines for measles, mumps, rubella and hepatitis B are medically contraindicated for the above named student.

<table>
<thead>
<tr>
<th>Signature of Licensed Physician</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## EXCEPTIONS

Certain groups of students will not be asked to provide vaccination information. Please indicate if you belong to any of the following groups:

- [ ] I have been admitted to and am attending or have attended a public, private, or parochial school in the State of Oklahoma.

- [ ] I graduated from a high school that required these vaccinations. State of high school graduation: ___________ Year of Graduation ______

- [ ] I have been admitted to and attended another accredited college or university located in the State of Oklahoma. Name of Institution______________________

- [ ] I am enrolling only in off campus, distance education, vocational technical center, or training center courses.

- [ ] I was born prior to January 1, 1956.

- [ ] I am currently active duty in a branch of the United States military.

If my status at this institution changes so that the above claimed exemption no longer exists, I understand it is my responsibility to notify the institution of these changes and to provide my vaccination information before I enroll in additional courses.

_________________________   __________________________
Student Signature                                       Date