



**THE OHIO STATE UNIVERSITY**

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**疫苗接种规定与体检须知**  
**Vaccination Requirement**  
**and Health Screening**

**Dr. D'Andra Mull**



## 疫苗接种规定 Vaccination Requirement

- 俄亥俄州立大学对以下三类学生有疫苗接种的规定：  
The Ohio State University has a three component Vaccination Requirement.
  - 一、新生 Component A: New to Ohio State University
    - 如果是入学新生，请务必完成接种 Complete if a new student
  - 二、新入住宿舍的学生 Component B: New to University Housing
    - 如果住校，请务必接种 Complete if living in University Housing
  - 三、新的国际学生 Component C: New International Student
    - 如果持有F-1或是J-1签证，请务必接种 Complete if an international student with an F-1 or J-1 visa.
  - 详情见96页 Pg 96
  - <https://shs.osu.edu/posts/documents/vaccination-requirement-instructions-04-17.pdf>



## 疫苗接种要求：步骤一 Vaccination Documentation: Step 1

提交正规授权医疗机构提供的档案文件 Licensed Provider Documentation

- 疫苗接种表格下载 Vaccination Requirement Form
- 请通过以下网站下载相关表格 Download the appropriate form.
  - <https://shs.osu.edu/posts/documents/vaccination-requirement-international-student-f-1-j-1-student-visa-pdf.pdf>
- 把纸质文件提交至正规医疗机构 Submit the paper form to your licensed medical provider (MD, DO, PA, NP, RN)
- 所有纸质表格和支持文件都扫描或拍照留底 Scan or take a picture of the completed paper form and all supporting documentation

# 疫苗接种表格下载 Vaccination Requirement Form

- <https://shs.osu.edu/posts/documents/vaccination-requirement-international-student-f-1-j-1-student-visa-pdf.pdf>

**THE OHIO STATE UNIVERSITY**  
OFFICE OF STUDENT LIFE

Health Information Services  
1875 Millikin Rd., Columbus, OH 43210  
614-292-0118 Office / 614-292-7042 Fax  
vaccination@osu.edu

**STUDENT HEALTH SERVICES**  
WILCE STUDENT HEALTH CENTER

Once this form is completed by your licensed medical provider, follow the Vaccination Requirement - Instructions available at [shs.osu.edu](https://shs.osu.edu), under "Forms" and "Vaccination Requirement".

### VACCINATION REQUIREMENT - INTERNATIONAL STUDENT

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Date of Birth mm/dd/yyyy \_\_\_\_\_ University ID Number (8 or 9 digits) \_\_\_\_\_ Semester Start (check one):  
 Fall  Spring  Summer 20\_\_\_\_  
Country of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_  
Country(ies) lived in or visited 3 months prior to arrival in United States \_\_\_\_\_

These vaccines are required if you are new to The Ohio State University's Columbus campus.

**Hepatitis B** Given in a series with at least 4 weeks between the first and second doses, at least 8 weeks between the second and third doses and at least 16 weeks between the first and third doses OR positive Hepatitis B antibody titer (laboratory report must be attached). Doses administered at less than the minimum intervals are not valid and must be repeated.  
Dose 1 mm/dd/yyyy \_\_\_\_\_ Dose 2 mm/dd/yyyy \_\_\_\_\_ Dose 3 mm/dd/yyyy \_\_\_\_\_ OR  Lab report confirming immunity attached

**Measles-Mumps-Rubella** Two doses given at least 28 days apart and after 12 months of age. If given as single antigen vaccines, 2 Measles, 2 Mumps and 1 Rubella dose required OR positive MMR antibody titer (laboratory report must be attached). Doses of Varicella and MMR must be given on the same day or 28 days apart. Doses administered at less than the minimum interval or earlier than the minimum age are not valid and must be repeated.  
MMR Dose 1 mm/dd/yyyy \_\_\_\_\_ Dose 2 mm/dd/yyyy \_\_\_\_\_  
OR  
Measles Dose 1 mm/dd/yyyy \_\_\_\_\_ Dose 2 mm/dd/yyyy \_\_\_\_\_ OR  Lab report confirming immunity attached  
Mumps Dose 1 mm/dd/yyyy \_\_\_\_\_ Dose 2 mm/dd/yyyy \_\_\_\_\_ OR  Lab report confirming immunity attached  
Rubella Dose 1 mm/dd/yyyy \_\_\_\_\_ OR  Lab report confirming immunity attached

**Meningococcal Conjugate (ACWY)** One dose since age 16. Only a dose on or after the 16th birthday will be accepted. Do not complete this section if you will be over 22 years of age at the start of your first semester. The Meningococcal B vaccine does not fulfill the requirement.  
mm/dd/yyyy \_\_\_\_\_

**Polio** Four doses of IPV or OPV. Do not complete this section if you will be over 18 years of age at the start of your first semester. Polio only required if you will be younger than 18 years of age at the start of the first semester.  
Dose 1 mm/dd/yyyy \_\_\_\_\_ Dose 2 mm/dd/yyyy \_\_\_\_\_ Dose 3 mm/dd/yyyy \_\_\_\_\_ Dose 4 mm/dd/yyyy \_\_\_\_\_

**Tetanus-Diphtheria-Pertussis (Tdap)** One dose of Tdap since age 11 and within the last ten years OR one dose of Tdap since age 11 and one dose of TD within the last ten years.  
Tdap mm/dd/yyyy \_\_\_\_\_ Td mm/dd/yyyy \_\_\_\_\_

**Varicella** Two doses given at least 28 days apart and after 12 months of age OR positive Varicella antibody titer (laboratory report must be attached). Doses of Varicella and MMR must be given on the same day or 28 days apart. Doses administered at less than the minimum interval or earlier than the minimum age are not valid and must be repeated. Documentation of disease history does not fulfill the requirement.  
Dose 1 mm/dd/yyyy \_\_\_\_\_ Dose 2 mm/dd/yyyy \_\_\_\_\_ OR  Lab report confirming immunity attached

(continued on second page) →

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OFFICE OF STUDENT LIFE

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### VACCINATION REQUIREMENT - INTERNATIONAL STUDENT (continued)

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Date of Birth mm/dd/yyyy \_\_\_\_\_ University ID Number (8 or 9 digits) \_\_\_\_\_

This section is required if you are an international student with an F-1 or J-1 student visa who is new to The Ohio State University.

#### INTERNATIONAL - Tuberculosis Test

**BCG Vaccine - provide date if applicable. Not all countries administer this vaccine.**  
Date Given mm/dd/yyyy \_\_\_\_\_

**Chronic Health Problems (Please list and explain)**  No chronic health problems

**Tuberculosis Test** A Tuberculin skin test OR Interferon Gamma Release Assay (IGRA) blood test must be completed no more than six (6) months prior to the semester start date. Tuberculosis testing and doses of Varicella and/or MMR must be given on the same day or 28 days apart. Testing done at less than the minimum interval is not valid and must be repeated.

**Tuberculin Skin Test** Date Given mm/dd/yyyy \_\_\_\_\_ Date Read mm/dd/yyyy \_\_\_\_\_ Result  Positive  Negative  Indeterminate Induration (report in mm) \_\_\_\_\_  
OR  
**IGRA Blood Test** Date of Test mm/dd/yyyy \_\_\_\_\_ Result  Positive  Negative  Indeterminate

#### Health Questions

Since your last Tuberculosis test, have you:

Worked or lived with someone with active Tuberculosis (or will you prior to your arrival in the United States)?  Yes  No If Yes, explain: \_\_\_\_\_

Had current Tuberculosis symptoms for more than 3 weeks (cough, pain in chest, coughing up blood or sputum, weakness or fatigue, weight loss, no appetite, chills or fever)?  Yes  No If Yes, explain: \_\_\_\_\_

Had problems with your immune system?  Yes  No If Yes, explain: \_\_\_\_\_

#### LICENSED MEDICAL PROVIDER (MD, DO, PA, NP or RN\*) VERIFICATION (required)

Provider Printed Name \_\_\_\_\_ First \_\_\_\_\_ Last \_\_\_\_\_ Phone \_\_\_\_\_  
Provider Signature/Credentials \_\_\_\_\_ Date \_\_\_\_\_ (Must be signed by MD, DO, PA, NP or RN\*) m / d / y y y y

Office Stamp:  
\*office stamp required for RN signatures



## 疫苗接种要求：步骤二 Vaccination requirements: Step 2

### 完成电子表格 Electronic Form Completion

- 用你的学生账户和密码登录MyBuckMD网站 Log on to MyBuckMD using your university name.# and password
- 点击“我的表格”键 Click the “My Forms” tab
- 找到“疫苗接种规定”电子表格 Locate the *Vaccination Requirement* electronic form
- 完成电子表格，输入提交证明文件上医疗机构提供的日期 Complete the electronic form by inputting the dates from the paper form completed by your licensed medical provider to the electronic form
- 点击“提交”完成 Click the Submit button



## 疫苗接种要求：步骤三 Vaccination Documentation: Step 3

- 用你的学生账户和密码登录MyBuckMD网站 Log on to MyBuckMD using your university name.# and password
- 点击“文件上传” Click on the Document Upload tab.
- 选择“接种疫苗规定文件”以确认文件种类 Select Vaccination Requirement Document for the Document Type.
- 点击“浏览”在电脑上指定位置找到该文件 Click the browse button and locate electronic document on computer.
- 点击“保存”提交表格 Click the Save button to submit



# 关于未完成疫苗接种的规定

## Non-compliance–Vaccination requirements

符合以下任何一项条将被视为未完成疫苗接种： A student will be considered non-compliant if:

- 步骤一或步骤二任何一项未完成 Step 1 and/or Step 2 is not completed
- 提交的文件不完整 Incomplete documentation is received
- 疫苗不符合规定 Vaccinations are contrary to the guidelines
- 医疗机构非正规授权机构 The licensed medical provider is not a M.D., D.O., P.A., N.P. or R.N.
- 如果未完成的情况发生，学生将会被告知并指导如何完成符合规定的疫苗接种，过程将包括： In the event of non-compliance, the student will be notified and instructed on how to achieve compliance.
- [vaccination@osu.edu](mailto:vaccination@osu.edu)



## 体检 Health Screening

- 俄州大要求所有国际新生通过学生健康服务办公室完成体检  
The Ohio State University requires all new international students to undergo a brief health screening through Student Health Services
- 学生在登记时会收到测试日期和时间 Your student will be given screening date and time at check-in
- 在规定的测试日期和时间内，这项体检对学生是免费的 This health screening is free to students who attend during their required screening day and time
- 测试包括病史，过敏以及学生的用药方面的问题  
Includes questions about medical conditions, student allergies, as well as medications student may be currently taking





## 体检 Health Screening

- 学生应该携带重要医疗信息（如TB检查，胸片，处方，疫苗，过敏等信息），需配有英语翻译 Student should bring any important medical information (for example, TB tests, chest X-rays and prescription, vaccine and allergy information) with English translation
- 没有完成体检的学生将无法进行课程注册 Failure to complete the health screening will result in not being able to register for classes





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