

CALIFORNIA STATE UNIVERSITY, STANISLAUS
STUDENT HEALTH CENTER

ENTRANCE IMMUNIZATION REQUIREMENTS

The California State University Board of Trustees **requires** that:

- **ALL STUDENTS born on or after January 1, 1957** show proof of full immunization against measles (rubeola) and rubella. Certain groups of students **regardless of age** must also show proof of full immunization. These groups include: students who attended K-12 school outside the US, students who will live in the campus residence hall, and/or will work with pre-school age children or health care patients as part of their college experience.
- All new enrollees who are **18 years of age or younger** show proof of having completed a 3 dose series of immunizations against Hepatitis B.

Immunity to Measles (Rubeola) and Rubella means:

Two doses of measles and rubella given individually or in combination (MR or MMR) at or after 12 months of age and at least one month apart.

Immunity to Hepatitis B means:

Three doses of Hepatitis B vaccine given over a period of approximately 6 months.

Compliance with these requirements can be met in the following ways and ***needs to be completed prior to your next registration period:***

A. Submit Documentation

Send one or more of the following documents ***to the Student Health Center*** with your name and Student ID# clearly indicated on each document submitted:

- The form on the reverse side (or similar form) ***completed by your physician or health care provider***
- A photocopy of your childhood immunization record
- A photocopy of your California High School transcript ***IF*** immunization information is documented on transcript
- A copy of a lab report showing proof of immunity by blood titer

B. Be Immunized

If you don't have documentation, be immunized at:

- Your family physician
- A local clinic or County Public Health Department
- CSU, Stanislaus Student Health Center once you are an enrolled student

C. Request a waiver or exemption

- ***Medical:*** If your medical circumstances contraindicate immunization, have your physician sign the statement on the reverse side of this form (or similar form) and return it to the Health Center.
- ***Religious:*** State law permits exemption from immunization for those who object to immunizations on religious or personal grounds. These waivers are handled on a case-by-case basis and require an appointment with the Director of Student Health for approval.

D. Student Statement of Exemption

If you were born prior to January 1, 1957, and attended K-12 in the US, will not reside in a campus residence hall (dorm), and will not work with pre-school age children or health care patients as part of your college experience, ***please sign the student statement of exemption*** (# 5b) on the reverse side of this form.

Mail or FAX your completed forms and documentation to:

*Student Health Center
California State University, Stanislaus
801 W. Monte Vista Avenue
Turlock, CA 95382
FAX: (209) 667-3195*

 **See Next Page**

Immunization Verification Form

Name _____ Student ID # _____
(Please Print) Last First MI

Birthdate _____ Age _____ Gender: Male _____ Female _____

1) IMMUNIZATION RECORD

Measles & Rubella <small>(Dose 1 at or after 12 months of age, dose 2 given at 4-6 years of age or later and at least 1 month after 1st dose)</small>		
(1) Vaccine given in combination:	Dose 1-Month/year	Dose 2-Month/year
MR(Measles/Rubella) or MMR (Measles/Mumps/Rubella)	_____	_____
(2) Or, if vaccine given individually		
Measles (Rubeola)	_____	_____
Rubella (one dose only needed)	_____	N/A

Hepatitis B <small>(Applicable if 18 years or younger)</small>		
Dose 1-month/year	Dose 2-month/year	Dose 3-month/year
_____	_____	_____

~ Certification By MD/RN ~

Name: _____

Address or Clinic Stamp: _____

MD/RN signature

Date: _____

~OR~
attach copies of your
immunization records

2) VERIFICATION BY CLINICIAN OF PAST INFECTION (CLINICIAN- PLEASE INDICATE MONTH AND YEAR)

Measles _____	Rubella _____	Hepatitis B _____
Clinician Signature _____		

3) BLOOD TEST In lieu of vaccinations, you may provide proof of immunity by checking the appropriate box(es) and attaching lab results to this form.

Serologic confirmation (blood titer) of immunity attached: Measles Rubella Hepatitis B

4) MEDICAL EXEMPTION (Physician / Clinician please check appropriate box)

I certify that the medical circumstances of the above-named student contraindicate immunization against:

Measles and Rubella Hepatitis B

 Physician / Clinician signature Date Clinic stamp if applicable

5) OTHER EXEMPTION (RELIGIOUS OR PERSONAL EXEMPTION - MUST BE REVIEWED WITH THE HEALTH CENTER DIRECTOR BY APPOINTMENT ONLY)

a) I request a personal/religious exemption from vaccinations for the following reason:

Student signature _____ Date _____ Director Signature: _____
 ~ OR ~

b) I certify that I was born prior to January 1, 1957, and attended primary and secondary school in the United States, will not reside in a campus residence hall (dorm) and will not work with pre-school age children or health care patients as part of my college experience.

Student signature _____ Date _____

I understand that exemption for any of the reasons listed above subjects me to exclusion from campus in the event of an outbreak of a disease for which immunization is required.