

IMMUNIZATION REQUIREMENTS

Measles and Rubella (applies to all students born after January 1, 1957)

The California State University requires that all new and readmitted students born after January 1, 1957 provide proof of full immunity to measles and rubella. Full immunization means two doses of measles/rubella vaccine received after one year of age. Usually these immunizations are combined into one injection (MMR-Measles/Mumps/Rubella or MR-Measles/Rubella). If you cannot locate records of both doses, but are certain you received your first dose at or after 12 months of age, and your K-12 schooling was in the United States, HSU will provide the immunization, or accept evidence of one immunization given after age 4, and presume this represents your second dose.

Hepatitis B (applies to students who are 18 or younger on 1st day of classes)

All students who are 18 years of age or younger on the first day of classes must be immunized against Hepatitis B. The Hepatitis B vaccine is given in three doses over a period of 4-6 months.



Using the Health Center's immunization verification form, or something similar, you can comply with this requirement in one or more of the following ways. If you are not using the form, please include your student ID number on any documents you send.

- 1) **Submit immunization record:** Send a photocopy of your childhood immunization record or ask your physician/clinic to complete and sign or stamp the record on the reverse side of this sheet (box 1).
- 2) **Submit physician verification** if you are immune through past infection (box 2).
- 3) **Obtain physician's signature** if you have been advised not to receive immunizations for medical reasons (box 3).
- 4) **Submit a photocopy of laboratory testing (blood titer)** as evidence of immunity (box 4).
- 5) **Request a waiver:** State law permits exemption from immunization for those who object to immunizations on religious or personal grounds. Check the appropriate box on the reverse side of this form, state the basis of your request, and sign.

If you cannot locate records, or need to be immunized, the Health Center offers daily immunization clinics. However, please be aware that you must comply with the immunization requirements before you will be permitted to register for classes after the first semester.

Please mail, fax or bring the completed form on the back of this sheet or photocopies of your immunization records to:

Student Health Center
Humboldt State University
Arcata, CA 95521

**IMMUNIZATION
REQUIREMENTS / VERIFICATION**

Name _____
[please print clearly]

Student ID # _____

Address _____

Date of birth _____

Choose one or more of the options listed in numbers 1-5 to demonstrate immunity.

1) Immunization Record

MEASLES & RUBELLA

Dose 1: month/year

Dose 2: month/year

MR (Measles-Rubella) or

MMR (Measles-Mumps-
Rubella)

OR, if given individually:

Dose 1: month/year

Dose 2: month/year

Measles (Rubeola)

Rubella (German Measles)

HEPATITIS B

month/year

Dose 1 _____

Dose 2 _____

Dose 3 _____

Clinician signature _____ Date _____

2) Verification of prior infection to:

Disease _____

Month & year _____

Clinician signature _____ Date _____

Clinic stamp

3) Medical exemption

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

Disease _____

Clinician signature _____ Date _____

4) Blood test results

In lieu of vaccination, attached is a copy of lab results demonstrating immunity to _____

5) Exemption – Personal / religious reasons

I request an immunization exemption for the following reason: _____

Student signature _____

Date _____