

STUDENT IMMUNIZATION CERTIFICATION
California State University, Dominguez Hills

For Office Use Only: Student Housing ()
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NAME: _____ ID#: _____

DATE OF BIRTH: _____ Please check the semester and year of your first enrollment at CSUDH:
 (Mo) (Day) (Yr) () Fall semester () Spring semester Year 20_____

IMMUNIZATION DATES:

Measles/Rubella and/or Hepatitis B Immunizations may be submitted on the same or two separate immunization forms.

Measles: _____ Rubella: _____ Hepatitis B N/A
 (Mo) (Day) (Yr) (Mo) (Day) (Yr) (Over 18 years of age)

Hepatitis B (3-shot series): 1) _____ 2) _____ 3) _____
 (Mo) (Day) (Yr) (Mo) (Day) (Yr) (Mo) (Day) (Yr)

I CERTIFY THAT THE INFORMATION ENTERED ABOVE IS TRUE TO THE BEST OF MY KNOWLGDGE:

Student Signature: _____ Date: _____
 (If under age 18, parent or guardian must also sign)

EXEMPTION FROM IMMUNIZATION: To request an exemption, please check the item which applies to you and sign your name in the location designated below:

- () **Medical Exemption {E}:** I claim a medical exemption from the () Measles/Rubella immunization requirement and/or the () Hepatitis B immunization requirement. Students requesting a medical waiver must meet with a member of the clinical staff. **Please note: you must attach a written statement from a physician indicating the reason for a medical exemption.**
- () **Laboratory Verification {L}:** Based on written verification of laboratory-confirmed (blood test) antibodies to ()measles, ()rubella, or ()Hepatitis B. A copy of the verification, signed by a physician, must be attached to this form.
- () **Religious or Personal Beliefs {P}:** I request exemption from the measles and rubella immunization requirements and/or Hepatitis B requirement because they are contrary to my religious or personal beliefs.

Student Signature _____ Date _____
 (If under age 18, parent or guardian must also sign)

For Office Use Only:		
Measles Clearance _____	Type _____	Exemption _____
Rubella Clearance _____	Type _____	Exemption _____
Hepatitis B Clearance _____	Type _____	Exemption _____
Reviewed by: _____		Date: _____