



STUDENT IMMUNIZATION REQUIREMENTS

* ***Please read carefully!***

The California State University has two immunization requirements that apply to certain groups of students. Follow the procedure below in order to receive immunization clearances.

Measles (rubeola) and Rubella (German Measles)

All new students born after January 1, 1957 are required to present proof of measles and rubella immunizations. Evidence that you can use for proof of immunity includes verification from an M.D. or copies of immunization records from sources such as schools or the Public Health Department. If you do not already have proof of immunity to both of these diseases, you can obtain a combined measles/rubella vaccine at the Student Health Center, for a fee. Proof of immunity to measles and rubella must be submitted within one calendar year of the time of your first enrollment, or you will not be permitted to register for the following semester.

Hepatitis B

If you are 18 years old or younger on the first day of classes of the first semester of your enrollment at CSUDH, you are required to present proof of Hepatitis B immunization. Even if you turn 19 years of age during your first year of enrollment at the University, you are still responsible for completing this requirement. Proof of full immunity means that you must have proof of completion of the third shot in the three-shot Hepatitis B series. For students under the age of 19 who have not been immunized against Hepatitis B prior to their first enrollment, the series can be obtained through the Student Health Center (fee applies). Proof of full immunity must be submitted within one calendar year of the time of your first enrollment, or you will not be permitted to register for the following semester.

Important General Information

If either the Measles/Rubella or the Hepatitis B requirement applies to you, you must bring proof of immunity or alternate documentation to the Student Health Center in person. Students can meet this requirement by either (a) presenting proof of immunity or (b) claiming an exemption, (i.e bring in documentation to support exemption from medical provider).

Please contact the Student Health Center at (310) 243-3629 if you have questions about these requirements or if you would like further information about these immunizations.

Student Immunization Certification

California State University, Dominguez Hills

For office use only:
Student Housing

NAME: _____ STUDENT I.D.#: _____

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

IMMUNIZATION DATES:

Measles/ Rubella and/or Hepatitis B Immunization 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 (3shot-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 KNOWLEGDE:

STUDENT SIGNATURE: _____ DATE: _____
(If under age 18, parent or guardian must 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 () measles, () rubella, () hepatitis B. A copy of the verification, signed by a physician, must be attached to this form.

STUDENT SIGNATURE: _____ DATE: _____
(If under age 18, parent or guardian must sign)

FOR OFFICE USE ONLY:		
<input type="checkbox"/> Measles clearance	Type _____	Exemption _____
<input type="checkbox"/> Rubella clearance	Type _____	Exemption _____
<input type="checkbox"/> Hepatitis B clearance	Type _____	Exemption _____
Reviewed By: _____		Date: _____