

IMMUNIZATION FORM (Continued)

Student's Name: _____
First Name Middle Name Last Name

Date of Birth: _____
Month/Day/Year

2) HEPATITIS B CLEARANCE (REQUIRED)

All students entering ALCI, who are **18 as of their entering year or younger**, must document that they have been immunized for hepatitis B. Hepatitis B vaccination is a three (3) shot process.

To be completed by medical doctor:	
Hepatitis B	Date: _____
	Date: _____
	Date: _____
Doctor's Name:	_____
	First Name Middle Name Last Name
Doctor's Signature:	_____

3) FREEDOM FROM TUBERCULOSIS

We recommend that all students entering ALCI provide proof that they are free from active tuberculosis. Students can either 1) provide proof of a negative tuberculosis skin test within 6 months of arrival in the United States or 2) provide a chest x-ray dated within the last six months. Students transferring from another institution, who have traveled overseas since their arrival in the U.S., must provide a skin test taken after their return to the U.S. **Proof of freedom from tuberculosis is REQUIRED for all students who transfer to a degree program at CSUSM or to any other US college or university.**

I certify that the above-named patient is free from active tuberculosis as determined by:	
Check One:	
<input type="checkbox"/>	Negative tuberculosis skin test given within six months of arriving in the U.S. Date given: _____
<input type="checkbox"/>	Negative chest x-ray taken within the last six months. Date taken: _____
Doctor's Name:	_____
	First Name Middle Name Last Name
Doctor's Signature:	_____