

**CSU EXECUTIVE ORDER REQUIRES THIS FORM BE COMPLETED AND PROVIDED TO THE UNIVERSITY**

**Certificate of Immunization for Cal State San Marcos**

Student ID # \_\_\_\_\_ Telephone \_\_\_\_\_

Full Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_

Name of School and Address: **CSU, San Marcos  
Student Health & Counseling Services  
San Marcos, CA 92079-0001**


**Fax Number: 760-750-3181**

website at: **www.csusm.edu/shcs**

**Immunization Requirements for College Students:**

**Two Doses of MMR Vaccine: MEASLES (Rubeola), MUMPS and RUBELLA**

**Vaccine:** Enter date each immunization was given:

<b>Measles (Rubeola)</b>			Please see MMR footnote below. 	
<b>Mumps</b>				
<b>Rubella</b>				
<b>Hepatitis B series (for students 18 years)</b>	<i>1<sup>st</sup></i>	<i>2<sup>nd</sup></i>	<i>3<sup>rd</sup></i>	
LAB Evidence date:	<i>Rubella</i>	<i>Rubeola</i>	<i>Hep B</i>	

Measles (rubeola), mumps and rubella (MMR) vaccine is not required for college students born before January 1, 1957. The first MMR must have been given no earlier than 4 days before the first birthday. The 2<sup>nd</sup> dose of MMR is administered between ages 4-6, and may be given at least 28 calendar days after the 1<sup>st</sup> dose. Students that are 18 years of age or younger on August 1<sup>st</sup> of their first semester must also show proof of Hepatitis B (series of 3 vaccines). Conditional enrollment for those who have not fully completed their immunizations may be granted with the understanding that as soon as possible, the student will provide documentation of completion. In lieu of immunization, written laboratory evidence of immunity to measles (rubeola) and rubella will be acceptable. Students requiring proof of Hepatitis B immunity may also include this component in their laboratory evidence.

To the best of my knowledge, the person named above has received the above immunizations.

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
(Physician, nurse or school health authority)

**Statement of Exemption to Immunization Law**

**If any of the exemption areas are signed (medical, religious or personal) you will be contacted by the Health Educator to ensure all CSU requirements are met.**

**Exemption: Medical** Please provide a written statement from your physician briefly stating the reason for exemption. Include your name, student ID #, and which vaccine you should not receive and duration of medical condition (permanent/temporary). The physicians' license number and signature is required.

**Religious Exemption:** Parent or guardian of the above-named person or the person himself/herself is an adherent to a religious belief opposed to immunizations.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Student/Parent)

**Personal Exemption:** Parent or guardian of the above-named person or the person himself/herself is an adherent to a personal belief opposed to immunizations.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Student/Parent)

***For office use only: Final – ready to file.***

SOAHOLD \_\_\_\_\_ cleared by: \_\_\_\_\_ date: \_\_\_\_\_

SPACMNT \_\_\_\_\_ cleared by: \_\_\_\_\_ date: \_\_\_\_\_