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

**Certificate of Immunization for Cal State San Marcos** Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student ID # Telephone

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

Name of School and Address: **CSU, San Marcos**

**Student Health & Counseling Services**

**San Marcos, CA 92096-0001**

**Fax Number: 760-750-3181** website at: **www.csusm.edu/shcs**

**Immunization Requirements for College Students**:

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Measles (Rubeola)1** |  |  | Notes: |
| **Mumps1** |  |  |
| **Rubella1** |  |  |
| **Varicella (Chickenpox)2** |  |  |  |
| **Tetanus, Diphtheria, & Pertussis (Tdap)3**  **(on or after age 11 for all students)** |  |  |  |
| **Meningococcal Disease4**  **(on or after age 16 if under 22 yrs of age)** |  |  |  |
| **Tuberculosis (TB) Screening/Risk Assessment** |  |  |  |
| **Hepatitis B series (age 18 and younger)5** | *1st* | *2nd* | *3rd* |
| LAB Evidence date: | *Measles (rubeola)* | *Mumps* | *Rubella* |
|  | *Varicella* | *Hepatitis B* |  |

1. 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 2nd dose of MMR is administered between ages 4-6 and may be given at least 28 calendar days after the 1st dose.

2. Varicella (chickenpox) vaccine: History of contracting the disease does not meet compliance. Two doses, with the first dose given on or after the first birthday.

3. Tetanus, Diphtheria, & Pertussis (Tdap): One dose on or after age 11. Must have been received within the past 10 years.

4. Meningococcal Disease (Serogroups A, C, Y, W-135): One dose on or after age 16 for all students under 22 years of age.

5. Students that are 18 years of age or younger on August 1st 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), mumps, rubella, and varicella 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)

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| --- |
| ***Statement of Exemption to Immunization Law***  **If the exemption area below is signed (medical) you will be contacted by the Health Educator to schedule an**  **appointment and 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. |

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

People Soft MMR / VARICELLA / TDAP / HEP B / TB RISK / MENINGOCOCCAL

cleared by: date: Service Indicator cleared:­\_\_\_\_\_\_\_\_\_