


All Immunization Requirements

Student Health Services
 Accredited by Accreditation Association for Ambulatory Health Care, Inc.

1250 Bellflower Blvd • Long Beach, CA 90840 | 562.985.4771 | csulb.edu/shs

Name: _____ Student ID: _____ DOB: _____
Print MM/DD/YY

Email: _____ Phone: _____
(555) 555-5555

Immunization Requirements

CSU students are **REQUIRED** to obtain the following vaccines and undergo screening/risk assessment for Tuberculosis:

<u>Required Immunizations & Screenings</u>	<u>Required Dosage & Screening Information</u>
Measles, Mumps and Rubella (MMR)	Two (2) doses with first dose on or after 1 st birthday; OR positive titer (laboratory evidence of immunity to disease)
Varicella (Chickenpox)	Two (2) doses with first dose on or after 1 st birthday; OR positive titer. History of contracting the disease does not meet compliance.
Tetanus, Diphtheria and Pertussis (Tdap)	One (1) dose after age 7
Meningococcal conjugate (Serogroups A, C, Y, & W-135)	One (1) dose on or after age 16 for all students and age 21 or younger*
Hepatitis B (Hep B)	Students age 18 and younger (CA Health & Safety Code, Sec. 120390.5)
Meningitis B	Housing student only
Screening/Risk Assessment: Tuberculosis (TB)	All incoming students must complete a Tuberculosis risk questionnaire. Incoming students who are at higher risk* for TB infection should undergo either skin or blood testing for TB infection within 1 year of CSU entry. <i>*Higher risk include travel to or living in South and Central America, Africa, Asia, Eastern Europe, and the Middle East; prior positive TB test; or exposure to someone with active TB disease.</i>

For more information and how to submit your documentation, visit www.csulb.edu/immunizations

(Over)

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Proof of Immunization to Measles/Rubella (after 12 months of age)

Date of Vaccination: MMR #1 _____ or MMR #2 _____
MM/DD/YY MM/DD/YY

Results of a blood test indicating immunity: Date of Test: _____ Results - Measles: _____
MM/DD/YY Mumps: _____
Rubella: _____
Quantitative

Proof of Immunity to Varicella

Date of Vaccination: Dose #1: _____ Date of Dose #2: _____
MM/DD/YY MM/DD/YY

Results of a blood test indicating immunity: Date of Test: _____ Results: _____
MM/DD/YY Quantitative

Proof of Immunity to Hepatitis B (18 years old and younger)

Hepatitis B Vaccine:

Date of Dose #1: _____ Date of Dose #2: _____ Date of Dose #3: _____
MM/DD/YY MM/DD/YY MM/DD/YY

Results of a blood test indicating immunity: Date of Test: _____ Results: _____
MM/DD/YY Quantitative

Proof of Immunization to Meningitis [One (1) dose on or after age 16 for all students age 21 or younger]

Meningitis Vaccine A, C, Y, W-135 Last Dose: _____
Menactra or Menveo MM/DD/YY

Meningitis B (Housing Student Only) Last Dose: _____
Bexsero or Trumemba MM/DD/YY

Proof of Immunization to Tdap

Last Dose: _____
MM/DD/YY

CERTIFICATION BY PRIMARY MD/RN FOR ALL IMMUNIZATIONS NOTED ABOVE

Name: _____ Address: _____
Print

License #: _____ Date: _____
MM/DD/YY

Signature: _____

Physician Stamp

Email completed document to: shs-vaccine@csulb.edu