**Immunization Requirements**

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

<table>
<thead>
<tr>
<th>Required Immunizations &amp; Screenings</th>
<th>Required Dosage &amp; Screening Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles, Mumps and Rubella (MMR)</td>
<td>Two (2) doses with first dose on or after 1&lt;sup&gt;st&lt;/sup&gt; birthday; OR positive titer (laboratory evidence of immunity to disease)</td>
</tr>
<tr>
<td>Varicella (Chickenpox)</td>
<td>Two (2) doses with first dose on or after 1&lt;sup&gt;st&lt;/sup&gt; birthday; OR positive titer. History of contracting the disease does not meet compliance.</td>
</tr>
<tr>
<td>Tetanus, Diphtheria and Pertussis (Tdap)</td>
<td>One (1) dose after age 7</td>
</tr>
<tr>
<td>Meningococcal conjugate (Serogroups A, C, Y, &amp; W-135)</td>
<td>One (1) dose on or after age 16 for all students and age 21 or younger*</td>
</tr>
<tr>
<td>Hepatitis B (Hep B)</td>
<td>Students age 18 and younger (CA Health &amp; Safety Code, Sec. 120390.5)</td>
</tr>
<tr>
<td>Meningitis B</td>
<td>Housing student only</td>
</tr>
<tr>
<td>Screening/Risk Assessment:</td>
<td>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.</td>
</tr>
<tr>
<td>Tuberculosis (TB)</td>
<td>*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.</td>
</tr>
</tbody>
</table>

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

(Over)
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: _____________

Mumps: _____________

Rubella: _____________

Quantitative

Proof of Immunity to Varicella

Date of Vaccination: Dose #1: ___________ Date of Dose #2: ___________

Dose #1: ___________

Dose #2: ___________

MM/DD/YY

MM/DD/YY

Results of a blood test indicating immunity: Date of Test: ___________ Results: _____________

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: ___________

Dose #1: ___________

Dose #2: ___________

Dose #3: ___________

MM/DD/YY

MM/DD/YY

MM/DD/YY

Results of a blood test indicating immunity: Date of Test: ___________ Results: _____________

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

Menactra or Menevo

Last Dose: ___________

MM/DD/YY

Meningitis B (Housing Student Only)

Bexsero or Trumemba

Last Dose: ___________

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