CAL STATE EAST BAY - IMMUNIZATION REQUIREMENTS (CSU EO 803)

All students must provide proof of required immunizations.

The SHCS recommends that students keep up to date with all recommended vaccinations.

http://www.shotsforschool.org/college/

Note: Students who were enrolled in a California public school for the seventh grade or higher on or after July 1, 1999 *DO NOT* currently have to provide proof of immunization against Measles, Rubella and Hepatitis B BUT Students are advised to do so as the requirements may change in the near future.

LAST NAME _____ FIRST NAME_____ M.I._____

ADDRESS_____ DATE OF BIRTH_____

CSUEB NetID _____ CSUEB E-MAIL_____ MAJOR_____

Please complete the rest of this form OR Attach copies of your immunization records

Mail or Bring this form in person to:	**Immunization Requirement FAQs.**
Student Health and Counseling Services **Cal State East Bay** **25800 Carlos Bee Boulevard** **Hayward, CA 94542**	http://www.csueastbay.edu/medical-services/forms/immunizations.html
ALL STUDENTS* BORN ON OR AFTER January 1, 1957	STUDENTS 18 YEARS OR YOUNGER i.e. under 19
Measles, Mumps, Rubella (MMR) Vaccine Date of dose #1 _____ Date of dose #2 _____ OR Results of a blood test indicating immunity Date of blood test_____ Results_____ If you were born before 1957, check with your academic department to see if immunizations are needed for curriculum requirements e.g. enrolled in Dietetics, Medical Technology, Nursing, Physical Therapy or any Practicum, Student Teaching or Field Work involving Pre-School Children or taking place in a Hospital or Health Care Setting.	Hepatitis B Vaccine Date of dose #1_____ Date of dose #2_____ Date of dose #3_____ OR Results of a blood test indicating immunity. Date of blood test_____ Test performed_____ Results_____ Also NEED Proof of MMR Vaccination – See Previous Column
CERTIFICATION BY MD / NP / PA / RN Name_____ Address_____ Date_____ License #_____	**CERTIFICATION BY MD / NP / PA / RN** Name_____ Address_____ Date_____ License #_____
Office Stamp	Office Stamp

STUDENT HEALTH AND COUNSELING SERVICES ACCEPTS MAILED COPIES - DO NOT EMAIL - DO NOT SUBMIT ORIGINALS