

**CAL STATE EAST BAY - IMMUNIZATION REQUIREMENTS WAIVER REQUEST FORM**



*All students must provide proof of immunization.*

***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 this form OR Attach copies of your Waiver Request Information**

<b>Mail or Bring this form in person to:</b>	<b>Immunization Requirements FAQs.</b>
Student Health and Counseling Services Cal State East Bay 25800 Carlos Bee Boulevard Hayward, CA 94542	<a href="http://www.csueastbay.edu/medical-services/forms/immunizations.html">http://www.csueastbay.edu/medical-services/forms/immunizations.html</a>

**CAL STATE EAST BAY Immunization Requirements**

<b>ALL STUDENTS* BORN ON OR AFTER January 1, 1957</b>	<b>STUDENTS 18 YEARS OR YOUNGER i.e. under 19</b>
Measles, Mumps, Rubella (MMR) Vaccine 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.	Hepatitis B Vaccine OR Results of a blood test indicating immunity.  Also <a href="#">NEED Proof of MMR Vaccination – See Previous Column</a>
I hereby certify that for medical reasons I recommend that the above named patient should not be vaccinated against Measles, Mumps, Rubella (MMR).  <input type="checkbox"/> Permanent Recommendation  <input type="checkbox"/> Temporary Recommendation ending __/__/__	I hereby certify that for medical reasons I recommend that the above named patient should not be vaccinated against Hepatitis B (Hep B).  <input type="checkbox"/> Permanent Recommendation  <input type="checkbox"/> Temporary Recommendation ending __/__/__
<p align="center"><b>CERTIFICATION BY MD / NP / PA / RN</b></p> Name _____  Address _____  Date _____ License # _____	<p align="center"><b>CERTIFICATION BY MD / NP / PA / RN</b></p> Name _____  Address _____  Date _____ License # _____

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