



Student Health History

Last Name: _____ First Name: _____ Student ID#: _____

1. IMMUNIZATION RECORD

| | | |
|--|--|--|
| PLEASE SUPPLY DATES OF IMMUNIZATIONS AND PLEASE UPDATE IF NEEDED | | |
| Tetanus-Diphtheria (<i>booster within the last 10 years</i>) _____ | | |
| MMR (<i>Measles, Mumps, Rubella</i>) Dose 1 _____ Dose 2 _____ (<i>two dates required by HIU</i>) | | |
| Measles (<i>Rubeola</i>): disease date _____ Mumps: disease date _____ Rubella: disease date _____ | | |
| Polio: Completed primary series? (<i>4 dates</i>) Yes <input type="checkbox"/> Date of last booster _____ If NO, get completed series. | | |
| Hepatitis A Dose 1 _____ Dose 2 _____ (<i>two dates required</i>) | | |
| Hepatitis B Dose 1 _____ Dose 2 _____ Dose 3 _____ (<i>three dates required</i>) | | |
| Mantoux Tuberculosis Test (<i>within the past year</i>) Date Applied _____ Date Read _____ Results _____ | | |
| If POSITIVE, must have chest x-ray within 2 years. Date of CXR _____ Results _____ | | |
| Menactra A/C/Y/W - 135 (<i>Meningococcal vaccine</i>) _____ | | |

2. VERIFICATION BY CLINICIAN OF PAST INFECTION (CLINICIAN-PLEASE INDICATE MONTH AND YEAR)

| | | | |
|---------------|---------------|-------------------|---------------------------|
| Measles _____ | Rubella _____ | Hepatitis B _____ | Clinician Signature _____ |
|---------------|---------------|-------------------|---------------------------|

3. BLOOD TEST In lieu of vaccinations, you may provide proof of immunity by checking the appropriate box(es) and **attaching lab results to this form.**

| |
|---|
| Serologic confirmation (<i>blood titer</i>) of immunity attached: Measles <input type="checkbox"/> Rubella <input type="checkbox"/> Hepatitis B <input type="checkbox"/> |
|---|

4. MEDICAL EXEMPTION (Physician/Clinician please check appropriate box)

I certify that the medical circumstances of the above-named student contraindicate immunization against:

| | |
|--|--------------------------------------|
| Measles & Rubella <input type="checkbox"/> | Hepatitis B <input type="checkbox"/> |
| Physician/Clinician signature _____ | Date _____ |
| Clinic stamp if applicable _____ | |

5. OTHER EXEMPTION (*Religious or personal exemption-must be reviewed with the health center director by appointment only.*)

a) I request a personal/religious exemption from vaccinations for the following reason:

Student Signature: _____ Date: _____ Director Signature: _____

OR

b) I certify that I was born prior to January 1, 1957, and attended primary and secondary school in the United States, will not reside in a campus residence hall (dorm) and will not work with pre-school age children or health care patients as part of my college experience.

Student Signature: _____ Date: _____

I understand that exemption for any of the reasons listed above subjects me to exclusion from campus in the event of an outbreak of a disease for which immunization is required.

ENTRANCE IMMUNIZATION REQUIREMENTS

Hope International University Board of Trustees requires that:

- **ALL STUDENTS born on or after January 1, 1957**, show proof of full immunization against measles (*rubeola*) and rubella. Certain groups of students **regardless of age** must also show proof of full immunization. These groups include: students who attended K-12 school outside the US, students who have lived outside the US at any time during the last 10 years, and all students who will live in the campus residence hall.
- All new enrollees who are **18 years of age or younger** show proof of having completed a 3 dose series of immunizations against Hepatitis B.

Immunity to Measles (Rubeola) and Rubella means:

Two doses of measles and rubella given individually or in combination (MR or MMR) at or after 12 months of age and at least one month apart.

Immunity to Hepatitis B means:

Three doses of Hepatitis B vaccine given over a period of approximately 6 months.

Compliance with these requirements can be met in the following ways and ***needs to be completed prior to your next registration period:***

A. Submit Documentation

Send one or more of the following documents ***to the Student Affairs Office*** with your name and Student ID# clearly indicated on each document submitted:

- The form on the reverse side (*or similar form*) ***completed by your physician or health care provider***
- A photocopy of your childhood immunization record
- A photocopy of your California High School transcript ***IF*** immunization information is documented on transcript
- A copy of a lab report showing proof of immunity by blood titer

B. Be Immunized

If you don't have documentation, be immunized at:

- Your family physician
- A local clinic or County Public Health Department

C. Request a waiver or exemption

- ***Medical:*** If your medical circumstances contraindicate immunization, have your physician sign the statement on the reverse side of this form (*or similar form*) and return it to the Health Center.
- ***Religious:*** State law permits exemption from immunization for those who object to immunizations on religious or personal grounds. These waivers are handled on a case-by-case basis and require an appointment with the Director of Student Health for approval.

D. Student Statement of Exemption

If you were born prior to January 1, 1957, and attended K-12 in the US, have not lived outside the US at any time during the last 10 years, and will not reside in a campus residence hall (*dorm*), ***please sign the student statement of exemption (#5b)*** on this form.

Mail or FAX your completed forms and documentation to:

Hope International University • Student Affairs
2500 E. Nutwood Avenue • Fullerton, CA 92831 • FAX: (714) 681-7224
Or email your completed forms and documentation to: health@hiu.edu