### 1. IMMUNIZATION RECORD

**PLEASE SUPPLY DATES OF IMMUNIZATIONS AND PLEASE UPDATE IF NEEDED**

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Dose 1</th>
<th>Dose 2</th>
<th>(two dates required by HIU)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tetanus-Diphtheria (booster within the last 10 years)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR (Measles, Mumps, Rubella)</td>
<td>Dose 1</td>
<td>Dose 2</td>
<td></td>
</tr>
<tr>
<td>Measles (Rubella): disease date</td>
<td>Mumps: disease date</td>
<td>Rubella: disease date</td>
<td></td>
</tr>
<tr>
<td>Polio: Completed primary series? (4 dates)</td>
<td>Yes</td>
<td>Date of last booster</td>
<td>If NO, get completed series.</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>Dose 1</td>
<td>Dose 2</td>
<td>(two dates required)</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Dose 1</td>
<td>Dose 2</td>
<td>Dose 3</td>
</tr>
<tr>
<td>Mantoux Tuberculosis Test (within the past year)</td>
<td>Date Applied</td>
<td>Date Read</td>
<td>Results</td>
</tr>
<tr>
<td>Menactra A/C/Y/W - 135 (Meningococcal vaccine)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date</th>
<th>Conclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td>Rubella</td>
<td>Hepatitis B</td>
</tr>
</tbody>
</table>

**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 (blood titer) of immunity **attached**: Measles [ ] Rubella [ ] Hepatitis B [ ]

**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 [ ]
- Hepatitis B [ ]

**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/religous 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.
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.

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**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.

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**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