



Student Health History

Student Affairs

2500 E. Nutwood Ave.
Fullerton, CA 92831 USA
(714) 879-3901 x2311
FAX (714) 681-7224
Email: health@hiu.edu

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

1. REQUIRED IMMUNIZATION RECORD

HIU students are **required** to obtain the following vaccines and undergo screening/risk assessment for Tuberculosis:

PLEASE SUPPLY DATES OF IMMUNIZATIONS. ALL STUDENTS MUST ATTACH A COPY OF IMMUNIZATION RECORDS TO THIS FORM.	
Measles, Mumps and Rubeola (MMR) Dose 1: _____ Dose 2: _____	<i>Two (2) doses with first dose on or after 1st birthday; OR positive titer (laboratory evidence of immunity to disease).</i>
Varicella (Chickenpox) Dose 1: _____ Dose 2: _____	<i>Two (2) doses with first dose on or after 1st birthday; OR positive titer. History of contracting the disease does not meet compliance.</i>
Tetanus, Diphtheria, and Pertussis (Tdap) Dose: _____	<i>One (1) dose after age 7.</i>
Meningococcal Conjugate (Serogroups A, C, Y, & W-135) Dose: _____	<i>One (1) dose on or after age 16 for all students and age 21 or younger.</i>
Hepatitis B (Hep B) Dose: _____	<i>One (1) dose. Students age 18 and younger (CA Health & Safety Code, Sec. 120390.5)</i>
Screening/Risk Assessment: Tuberculosis (TB) <i>All incoming students must complete a Tuberculosis risk questionnaire. Incoming students who are at higher risk* for TB infection, as indicated by answering "yes" to any of the screening questions, should undergo either skin of book testing for TB infection within 1 year of HIU entry.</i>	
<i>*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.</i>	
I certify that _____ completed the TB risk questionnaire and does not need to undergo any further testing. <i>student's name</i>	
Clinician Signature: _____	
If answered "yes" please provide the following:	
Mantoux Tuberculosis Test (within the past year) Date Applied: _____ Date Read: _____ Results: _____	
If POSITIVE, must have chest x-ray within 2 years. Date of CXR: _____ Results: _____	

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

Measles	Mumps	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 (blood titer) of immunity attached:	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps	<input type="checkbox"/> Rubella	<input type="checkbox"/> Hepatitis B
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4. STRONGLY ENCOURAGED IMMUNIZATION RECORD

HIU students are **strongly encouraged** to obtain the following immunizations (please discuss with your provider):

PLEASE SUPPLY DATES OF IMMUNIZATIONS IF APPLICABLE	
Hepatitis A (Hep A)	<i>All students regardless of age.</i>
Human Papillomavirus (HPV)	<i>For woman and men through age 26.</i>
Influenza (Flu)	<i>Annually; All students regardless of age.</i>
Meningococcal B (Meningitis)	<i>Students age 16-23 who elect vaccination after discussion with their healthcare provided.</i>
Pneumococcal	<i>For students with certain medical conditions (e.g., severe asthma, diabetes, chronic liver or kidney disease).</i>
Poliovirus (Polio)	<i>Regardless of age, if the series was not completed as a child.</i>
Immunizations for international travel	<i>Based on destination.</i>

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

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

MMR <input type="checkbox"/>	Hep B <input type="checkbox"/>	
_____ <i>Physician/Clinician Signature</i>	_____ <i>Date</i>	_____ <i>Clinic Stamp if Applicable</i>

6. OTHER EXEMPTION (Religious or personal exemption must be reviewed with student affairs personnel by appointment only.)

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

_____ <i>Student Signature:</i>	_____ <i>Date:</i>	_____ <i>Director Signature:</i>
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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

Hope International University Board of Trustees requires that:

- **ALL STUDENTS, regardless of age, born on or after January 1, 1957,** must show proof of full required immunization.

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 VP of Student Affairs 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