

Name: .....

HSU ID #: .....

Address: .....

Date of Birth: .....

**Submit immunization record:** send a photocopy of your immunization record (including your HSU ID #) or ask your physician/clinic to complete section (1) and sign or stamp the record below. You may also attach lab results demonstrating immunity for the required vaccines and complete section (3) below.

If you have been advised not to receive immunizations for medical reasons, have your physician sign section (2) below.

If you are under the age of 18, please also complete section (1a) below.

**(1) Immunization Record**

**(1a) Additional Immunity**

	<i>Dose 1 (MM/YYYY)</i>	<i>Dose 2</i>		<b>Hepatitis B</b>
<b>MMR</b> (Measles, Mumps & Rubella)	.....	.....		<i>Dose 1</i> .....
<b>Varicella</b> (Chickenpox)	.....	.....		<i>Dose 2</i> .....
				<i>Dose 3</i> .....
	<i>Dose 1 (MM/YYYY)</i>			
<b>TDaP</b> (Tetanus, Diphtheria & Pertussis)	.....			
<b>Meningococcal Conjugate*</b>	.....			*Serogroups A, C, Y, & W-135
Clinician signature .....				Date .....

**(2) Medical Exemption**

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

Disease: .....

Clinician signature: .....

Clinic stamp

**(3) Blood Test Results**

In lieu of a vaccination, attached is a copy of lab results demonstrating immunity to:

*List relevant required immunizations.*

.....  
 .....

**You must complete the immunization form and upload a copy of your immunizations through the Secure Health Portal. For more information, visit: <https://wellbeing.humboldt.edu/immunizations>.**

## California Tuberculosis (TB) Risk Assessment

### College and University Students

All incoming students must complete this screening to determine if TB testing is required. If TB testing and evaluation was done at an outside clinic, please attach the results of the skin test, blood test, or chest x-ray to this document.

**Check all boxes that apply.**

**Were you born in, lived in, or traveled to a country for at least 1 month, in the following regions?**

- South and Central America
  - Africa
  - Asia
  - Eastern Europe
  - Middle East

**Do you have a suppressed immune system from one of the following reasons?**

- HIV infection
  - Organ transplant recipient
  - Taking a medication that suppresses your immune system

**Have you had close contact to someone with infectious TB disease during your lifetime?**

**If any above boxes are checked, TB testing is required.**

**None; no TB testing is indicated at this time**

If TB testing and evaluation is required, that testing should be completed within 1 year of entry to HSU. Students with a prior positive TB skin or blood test do not need to be tested, but should be evaluated by a medical professional. Testing may be completed at the Student Health Center or at a clinic of your choice.

Student name: ..... HSU ID #: .....

Date of Birth: ..... Assessment Date: .....