California Polytechnic State University, San Luis Obispo
IMMUNIZATION REQUIREMENTS

NOTE: Students who graduated from a CALIFORNIA PUBLIC high school after January 2005 DO NOT need to complete and submit this form to provide proof of immunization against Measles, Mumps, Rubella and Hepatitis B.

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>M.I.</th>
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DATE OF BIRTH

STUDENT ID#

Please complete the rest of this form -OR- attach copies of your immunization records.

<table>
<thead>
<tr>
<th>Submit this form to:</th>
<th>Questions?</th>
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<tbody>
<tr>
<td>Health Services</td>
<td>Health Services</td>
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<tr>
<td>California Polytechnic State University</td>
<td>California Polytechnic State University</td>
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<tr>
<td>One Grand Ave, Bldg 27</td>
<td>Phone: (805) 756-1211</td>
</tr>
<tr>
<td>San Luis Obispo, CA 93407-0210</td>
<td><a href="http://www.hcs.calpoly.edu/health/immunization.html">http://www.hcs.calpoly.edu/health/immunization.html</a></td>
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<tr>
<td>Fax: (805) 756-5298</td>
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ALL STUDENTS (born after 1957)

Measles, Mumps, Rubella (MMR) Vaccine

- Date of immunization #1
- Date of immunization #2

OR

Results of a blood test indicating immunity

- Date of blood test
- Results

---------------------CERTIFICATION BY MD / RN---------------------

Name

Address

Date

Questions?

18 YEARS OF AGE OR YOUNGER on the first day of classes of the first quarter of enrollment at Cal Poly

Hepatitis B Vaccine

- Date of dose #1
- Date of dose #2
- Date of dose #3

OR

Results of a blood test indicating immunity

- Date of blood test
- Test performed
- Results

Also NEED Proof of MMR Vaccination – See Previous Column

---------------------CERTIFICATION BY MD / RN---------------------

Name

Address

Date

For additional information on recommended vaccines visit:
http://www.cdc.gov/vaccines/recs/schedules/teen-schedule.htm