

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.

LAST NAME _____ FIRST NAME _____ M.I. _____
 DATE OF BIRTH _____ STUDENT ID# _____

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

Submit this form to:

Health Services
California Polytechnic State University
One Grand Ave, Bldg 27
San Luis Obispo, CA 93407-0210
Fax: (805) 756-5298

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?

Health Services
California Polytechnic State University
Phone: (805) 756-1211
<http://www.hcs.calpoly.edu/health/immunization.html>

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>