CENTRAL WASHINGTON UNIVERSITY

STUDENT IMMUNIZATION AND HEALTH REQUIREMENTS FORM

CWU Student Medical and Counseling Clinic • 400 East University Way • Ellensburg WA 98926-7585 • 509-963-1881

Name (Please print clearly) _____ Last _____ First _____ MI _____ Birth Date _____ Month / Day / Year

Central Washington University requires certain immunizations prior to enrollment to help protect your health and the health of all our students. Please read and complete the following information.

REQUIRED IMMUNIZATIONS

MMR (Measles, Mumps, Rubella): Only for students born after 12/31/56. Recommended two doses of combined MMR vaccine.

Tdap/Td: Primary series in childhood, booster at age 11-12 years, then every 10 years. CDC now recommends one booster of the Tdap after the primary series.

You have a right to refuse the required immunizations based on religious, personal, or medical reasons. If you are claiming an exemption to the required immunizations, please check the appropriate box below. ***In the event of a suspected case of mumps, measles, rubella, diphtheria, or pertussis on campus, those students who have exempted and have not received these immunizations may be prevented from access to classes, residence halls, labs, and other CWU facilities. CWU will not provide refunds for tuition and room for the period of exclusion.*** If you choose to obtain the required immunization at that time, you may be excluded for 21 days to verify that you were not exposed to the disease prior to obtaining the immunization.

RECOMMENDED IMMUNIZATIONS

Hepatitis B: Recommend series of three doses of vaccine given over six months.

Varicella (chickenpox): Primary series of two doses given in childhood, or to college students without history of the disease or without age appropriate immunization.

MENINGOCOCCAL VACCINE (MCV4): All teenagers 11-18 years need two doses of MCV4. If you received a dose when you were age 11-15 and are now 16-18 or about to enter college, you need a booster dose. If you are younger than age 22 and about to enter college and have never received the meningococcal vaccine or received it more than 5 years ago you need a dose of the MCV4 vaccine. Check with your Health Provider.

HPV (Gardasil): Vaccine is recommended for boys and girls, and men and women ages 11 to 26 years of age. Series of three vaccine doses given over a six-month period.

Hepatitis A: Primary series of two doses given over a six-month period.

Polio: Primary series in childhood; a booster is only if needed for travel after the age of 18 years.

Pneumococcal (Pneumonia): You have a chronic health problem? Talk to your healthcare provider about whether you should receive a pneumococcal vaccine.

Seasonal Flu Vaccine: Recommend yearly.

Tuberculosis has been of increasing concern in the United States. We recommend that you see your health care provider for symptoms of persistent cough or fever prior to coming to CWU or to see the Student Medical Clinic if you have these symptoms while at CWU. You may need a skin test and/or a chest x-ray.

Students may contact their personal health care provider or make an appointment at the CWU Student Medical Clinic (509-963-1881) for more information about the various vaccines. The Student Medical Clinic offers serveral of the vaccines at reduced costs for students.

CWU IMMUNIZATION FORM

Please complete and return the following form with your Room and Board Contract to CWU, using the attached envelope.

Name _____ Student identification # _____
(Please print) Last First MI

Date of birth _____ **Td/Tdap** _____
Month / Day / Year Most Recent Booster Dose

MMR #1 _____ #2 _____ **Varicella #1** _____ #2 _____
Date Date

Hepatitis B #1 _____ #2 _____ #3 _____
Date Date Date

Hepatitis A #1 _____ #2 _____ **Meningococcal Vaccine** _____
Date Date Date

I wish to be exempted from immunizations for the following reason: ❑ Religious basis ❑ Personal/philosophical basis ❑ Medical basis

I hereby acknowledge that the above is complete and accurate and that Central Washington University maintains the right to require documentation of these immunizations if requested. I also understand that the CWU Student Medical Clinic may have access to this information within the Student Medical Clinic's policies of confidentiality.

_____ _____
Signature of Student (Parent/Guardian if Minor) Date

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