



STUDENT IMMUNIZATION AND HEALTH REQUIREMENTS FORM

CWU Health and Counseling Center • 400 East University Way • Ellensburg WA 98926-7585 • 509-963-1881

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, or diphtheria 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 a two-week period 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 MENINGITIS VACCINE

Meningococcal meningitis is the leading cause of life-threatening meningitis in young adults in the U.S. It can strike up to 3,000 people each year with up to 300 deaths. College students account for 75 to 125 cases and 7 to 15 deaths/year. The infection is spread by air droplets like the flu. It can have the same flu-like symptoms but can rapidly progress to shock or death in hours. Freshman living in residence halls have a much higher risk of this disease than other university students.

In January 2005 the new, improved vaccine, Menactra, was licensed for prevention of meningococcal meningitis. The Center for Disease Control with the Advisory Committee on Immunization Practices recommended in May 2005 that university freshman living in residence halls be immunized with this vaccine. Other students who want to decrease their risk may also be vaccinated. Those who may particularly benefit from the vaccine are those infected with the HIV virus or who have had a splenectomy.

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): Usually given in one dose in early childhood, or if not given in early childhood, may be given prior to college entry.

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 Health Center 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 Health Center (509-963-1881) for more information about the various vaccines. The CWU Health Center offers several 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 (Please print) _____ Student identification # _____
Last First MI

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

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

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

Hepatitis A #1 _____ #2 _____ Meningococcal Vaccine _____
Date 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 Health Center may have access to this information within the Health Center's policies of confidentiality.

Signature of Student (Parent/Guardian if Minor) Date

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