

# REQUIRED IMMUNIZATIONS

*If you graduated from a California accredited high school on or after January 1, 2005, you have satisfied the immunization requirements, and do not need to do anything further.*

**IF NOT**, as mandated by the California State Legislature, and as a condition of your enrollment at Cal Poly Pomona, you will need to satisfy immunization requirements as outlined below **BY THE 4TH WEEK INTO YOUR FIRST TERM** (or by the start of registration for your second term). You will not be allowed to register for future terms until the required proof is complete and verified by Student Health Services.

- 1. Measles (Rubeola) & Rubella:** Students born on or after January 1, 1957, and who did not graduate from a California high school on or after January 1, 2005, must provide proof of immunization from Measles and Rubella (German or 3-day measles). Measles is a potentially fatal disease if contracted as an adult—thus immunization is mandatory.
- 2. Hepatitis B:** *Students 18 or younger* on the first day of classes who did not graduate from a California high school on or after January 1, 2005, must in addition to the above, show proof of having completed a 3-dose series of immunizations from Hepatitis B. In order to enroll, you must begin now to receive the first two doses, which are given 1-2 months apart, and submit proof of this action. The 3rd dose is given 6-12 months after the first dose, and may be completed after you enroll.

## **THERE ARE FOUR (4) WAYS TO MEET THIS REQUIREMENT:**

*(\*Please add your Bronco ID number to all documents submitted and include along with your completed portion of the form on the back.)*

### **1. Submit proof of immunization directly to Student Health Services—listed below are some options for obtaining this proof.**

- Have your physician complete this form (or a similar form) in its entirety and:

FAX to: Student Health Services 909-869-4425

or

MAIL to: Student Health Services Immunization Program  
California State Polytechnic University, Bldg. 46  
3801 W. Temple Ave.  
Pomona, CA 91768-4047

- Fax/Mail a \*COPY of your childhood immunization record to Student Health Services (e.g., yellow immunization card or baby shot record).
- Fax/Mail a \*COPY of your California High School immunization record that may be available from your high school.
- Fax/Mail a \*COPY of a physician's statement certifying past infection of both Rubella and Rubeola to Student Health Services.

### **2. Rubella & Rubeola Titer—have a blood test that determines if you are immune to both rubella and rubeola, either by past immunizations or by having had both diseases.**

- Obtain the blood test from your family doctor or other health facility.
- Or call **909-869-4000** (Student Health Services) to schedule an appointment for the blood test. Please call the Immunization Hotline at 909-869-2759 for current pricing information. Anyone under the age of 18 will need to have a signed parental consent form. You may obtain one from our WEB site (<http://www.cpp.edu/~healthcounseling/forms.shtml>) or one will be mailed or faxed to you when you call for your appointment.

### **3. Be immunized. If you are unable to provide documentation, you may receive immunization(s) from one of these 3 sources:**

- Your family doctor.
- Your local County Public Health Department.
- Cal Poly Pomona Student Health Services: call **909-869-4000** to schedule an immunization appointment. Please call the Immunization Hotline at 909-869-2759 for further updates. Anyone under the age of 18 will need to have a signed parental consent form before immunization. You may obtain one from our WEB site (<http://www.cpp.edu/~healthcounseling/forms.shtml>) or one will be mailed or faxed to you when you call for your appointment.

#### 4. Request a waiver:

- A medical waiver may be granted if either the student seeking admission, or the parent or guardian of the student under age 18, files with Cal Poly Pomona Student Health Services a written letter from a physician, stating that the physical or medical circumstances relating to the student are such that immunization is not considered safe. The physician must indicate the specific nature and probable duration of the medical condition or circumstances that contraindicate immunization.
- A religious waiver may be granted if either the student seeking admission, or the parent or guardian of the student under age 18, signs a Cal Poly Pomona Student Health Services waiver form. This form must be signed in person at Student Health Services and requires a photo ID or CPP Bronco ID.

### **MENINGOCOCCAL DISEASE:**

Please discuss with your family doctor the advisability of vaccination from Meningococcal disease. Meningococcal disease is a potentially life-threatening bacterial infection known to occur more frequently among 18-25 year olds living in close proximity. *Although not required*, it is recommended that all incoming residential students consider the Meningococcal Vaccine as a way to reduce their risk for potentially fatal Meningococcal disease. As a condition of the on-campus housing contract, all residential students shall sign a statement acknowledging the availability of the vaccine and shall indicate whether or not they intend to receive the vaccine prior to enrollment. Ask your family doctor about this vaccine. The vaccine is given in a one-dose injection and is available at Student Health Services by appointment. Please call 909-869-4000 for current pricing information.



---

### **IMMUNIZATION VERIFICATION FORM**

**Student: Please complete top portion only** and fax/mail along with a copy of your immunization records to:

Fax: 909-869-4425  
Student Health Services (Bldg. 46)  
Immunization Program  
California State Polytechnic University  
3801 W. Temple Ave.  
Pomona, CA 91768-4047

**Physician: Please ensure the entire form is completed** and fax/mail to:

Fax: 909-869-4425  
Student Health Services (Bldg. 46)  
Immunization Program  
California State Polytechnic University  
3801 W. Temple Ave.  
Pomona, CA 91768-4047

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Bronco ID Number: \_\_\_\_\_ Term & Year Entering Cal Poly Pomona: \_\_\_\_\_

High School Name: \_\_\_\_\_ High School State: \_\_\_\_ Year of High School Graduation: \_\_\_\_\_

---

### **IMMUNIZATION DATES**

(To be completed by physician/clinician only)

#### **MMR Vaccine**

(Must be ON or AFTER first birthday and given in or after 1970): Date Given: \_\_\_\_\_ Date Given: \_\_\_\_\_

Hepatitis B Vaccine: First Dose: \_\_\_\_\_ Second Dose: \_\_\_\_\_ Third Dose: \_\_\_\_\_

**I hereby certify the above to be correct:**

Clinician's Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_ License No.: \_\_\_\_\_