STATE HEALTH IMMUNIZATION REQUIREMENTS

Return forms to: BYU–Hawaii Health Services #1728 * 55-220 Kulanui Street, Bldg. 5 * Laie, HI 96762-1293
Ph.: (808) 675-3510 * Fax: (808) 675-3506 * Email: healthcenter@byuh.edu

Legal Name (Last):	(First):	BYU – H Student I.D. #:
Semester/Term Entering: (Year)	Date of Birth: Month Day Year / /	Social Security Number:

THIS FORM MUST BE COMPLETED AND SIGNED BY A MEDICAL DOCTOR OR REGISTERED NURSE

All information must be in English. If you have a completed immunization card signed by the providers that gave the immunizations or a recent completed school record, you may mail or fax a photocopy in place of this completed form.

REQUIRED

A. MMR (Measles, Mumps & Rubella) (two doses required)

Dose 1 given at 12 months of age or later and Dose 2 given after age 4 or no later than 30 days prior to arrival on campus — #1 Mo. Day Yr. _____/_____/_____ #2 Mo. Day Yr. _____/_____/_____

If requirement A is not met, then B, C and D must be met.

B. Measles (Rubeola) (two doses required) (Complete all that apply)

Immunized with live measles vaccine at 12 months of age or later AND after age 4 — #1 Mo. Day Yr. _____/_____/_____ #2 Mo. Day Yr. _____/_____/_____

Has report of positive immune titer. Specify date. Mo. Day Yr. _____/_____/_____

Had disease confirmed by doctor's records. Mo. Day Yr. _____/_____/_____

C. Rubella (German Measles) (two doses required) (Clinical history is not acceptable) (Complete all that apply)

Immunized with live vaccine at 12 months of age or later AND after age 4 — #1 Mo. Day Yr. _____/_____/_____ #2 Mo. Day Yr. _____/_____/_____

Has report of positive immune titer. Specify date. Mo. Day Yr. _____/_____/_____

D. Mumps (two doses required) (Complete all that apply)

Immunized with live vaccine at 12 months of age or later AND after age 4 — #1 Mo. Day Yr. _____/_____/_____ #2 Mo. Day Yr. _____/_____/_____

Has report of positive immune titer. Specify date. Mo. Day Yr. _____/_____/_____

Had disease confirmed by doctor's records. Mo. Day Yr. _____/_____/_____

E. Tuberculosis – PPD CAN BE GIVEN UPON ARRIVAL ON CAMPUS (make sure your MMR is received no later than 30 days prior to arrival on campus)

F. If the MMR vaccine is not available in your country, please have your physician complete the bottom of this form.

The MMR is not available in _____. I agree to get my first MMR upon arrival and my second MMR four week later at a cost of $75.00 each.
(Name of country)

Signature: _____ Date: _____
(Student)

HEALTH CARE PROVIDER SIGNATURE (Must be a Medical Doctor or Registered Nurse)

_____ _____ _____
(Print) Name of Physician or R.N. Signature Date

_____ _____
Address: Street City State/Country Zip Code Phone