

# 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](mailto:healthcenter@byuh.edu)

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

**THIS FORM MUST BE COMPLETED AND SIGNED BY A PHYSICIAN (MD/DO), PA OR APRN.**

*PLEASE COMPLETE IN ENGLISH ONLY*

**A. Measles, Mumps, Rubella (MMR) Two doses of measles-containing vaccine are required with at least one of the two being MMR vaccine. (Students born prior to 1957 do not need MMR)**

- DOSE ONE: MMR** (received after age 12 months) #1 Mo. Day Yr. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
  - DOSE TWO: Measles-containing vaccine** (received at least 4 weeks after 1<sup>st</sup> dose and **no later than 30 days prior to arrival on campus**) #2 Mo. Day Yr. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
- MMR    M-R    Measles-only (check one)

**B. Varicella (Varivax) (two doses required or clinical history) Varivax and MMR should be received no later than 30 days prior to arrival on campus. Students born in the US prior to 1980 do not need varicella vaccination.**

- Dose 1 received after age 12 months. Dose 2 received at least 4 weeks after 1<sup>st</sup> dose and **no later than 30 days prior to arrival on campus** #1 Mo. Day Yr. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ #2 Mo. Day Yr. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
- Had disease confirmed by physician's records. Specify date and attach copy of record. Mo. Day Yr. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
- Has report of positive immune titer. Attach laboratory report that has been signed by an MD/DO/PA or APRN certifying student is immune to Varicella.

**C. Tetanus, diphtheria, pertussis (Tdap) Provide complete information for the vaccines below or provide proof of immunity.**

- DTaP/DTP/DT series** #1 Mo. Day Yr. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ #2 Mo. Day Yr. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ #3 Mo. Day Yr. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ #4 Mo. Day Yr. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
- Tdap booster** #1 Mo. Day Yr. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
- Has report of positive immune titers. Attach laboratory report that has been signed by an MD/DO/PA or APRN certifying student is immune to Tetanus, Diphtheria and Pertussis.

**D. Meningococcal Conjugate Vaccine (MCV)**

- One dose on or after **AGE 16**, a minimum of 8 weeks after a previous dose. #1 Mo. Day Yr. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**E. Tuberculosis (TB) – Complete separate form. PPD CAN BE GIVEN UPON ARRIVAL ON CAMPUS but do not get the MMR or Varicella vaccine within 30 days of arriving on campus.**

- Domestic students, have your provider complete the separate TB form. **If you choose to get the TB skin test (PPD) when you come to BYU-H, please ensure you do not get the MMR or varicella vaccine within 30 days of arriving on campus.**
- International students, you will receive a TB skin test (PPD) upon arrival on campus. If you have a history of an abnormal PPD or chest x-ray or have taken TB medications in your country, please bring pertinent medical records for review **after** you have completed your PPD.

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

The MMR, Varivax, MCV and/or Tdap is not available in (country) \_\_\_\_\_. I will receive the needed vaccinations according to the schedule recommended by the Centers for Disease Control when I arrive on campus, and I am financially responsible for the cost.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Student)

**HEALTH CARE PROVIDER SIGNATURE (Must be a physician (MD or DO), PA or APRN)**

(Print) Name of Provider	Signature	Date
Address: Street	City	State/Country
	Zip Code	Phone