

IMMUNIZATION REQUIREMENT FORM

Student Name: _____ Student ID _____ Date of Birth: ____/____/____

Instructions:

1. This form is intended only for students who DO NOT have record of their MMR & Hep B immunization.
2. Please print form and take to your healthcare provider.
3. Have your healthcare provider complete form.
4. Upload completed form to the SJSU Immunization Portal on the SJSU Registrar website at:
www.sjsu.edu/registrar/students/Immunization/index.html
5. **DO NOT FAX OR EMAIL THIS FORM.** It will not be accepted. Always keep a dated copy for your records.

Immunizations and Lab Tests	Date Administered	Results
MMR (2-dose series):	MMR 1 st Dose: ____/____/____	
	MMR 2 nd Dose: ____/____/____ (Min. 28 days after 1 st dose)	
OR , Measles, Mumps, and Rubella Doses (2 dose series for each)	Measles 1 st Dose: ____/____/____	
	Measles 2 nd Dose: ____/____/____ (Min. 28 days after 1 st dose)	
	Mumps 1 st Dose: ____/____/____	
	Mumps 2 nd Dose: ____/____/____ (Min. 28 days after 1 st dose)	
	Rubella 1 st Dose: ____/____/____	
	Rubella 2 nd Dose: ____/____/____ (Min. 28 days after 1 st dose)	
OR , Measles, Mumps and Rubella Titers- Must have all 3 titers and they must be positive .	Measles Titer: ____/____/____	pos (+) neg (-)
	Mumps Titer: ____/____/____	pos (+) neg (-)
	Rubella Titer: ____/____/____	pos (+) neg (-)
OR , if any MMR Titers are negative, you must have one MMR Booster.	MMR Booster: ____/____/____	
Hepatitis B (3-dose series):	HEP B 1 st Dose: ____/____/____	
	HEP B 2 nd Dose: ____/____/____ (Min. 28 days after 1 st dose)	
	HEP B 3 rd Dose: ____/____/____ (Min. 88 days after 2 nd dose)	
OR , Hepatitis B Titer is also acceptable - It must be positive. *If your HEP B Titer is negative, you must repeat the 3-dose series of Hepatitis B.	Hep B Titer: ____/____/____	pos (+) neg (-)

I verify that the above information is correct.

MEDICAL OFFICE STAMP HERE:

Print Name of Physician/ Nurse Practitioner: _____

Agency/Clinic Providing Service: _____

Date: _____ Phone: _____

License#: _____