

REQUIRED IMMUNIZATION RECORD

All information **MUST** be submitted on this form. Any information **NOT** on this form, will not be processed.
Please **DO NOT** attach other immunization records to this form.

Name _____ E-mail address _____
Last Name First Name Middle Initial

Date of birth _____ CUA 7-digit ID # (required) _____ Freshman Transfer Graduate
Month/Day/Year

**THIS NEEDS TO BE COMPLETED AND RETURNED TO STUDENT HEALTH SERVICES.
A LATE FEE OF \$100 WILL BE ASSESSED TO STUDENTS WHOSE RECORDS ARE NOT POSTMARKED BY JULY 1, 2009,
AND TO STUDENTS WHOSE RECORDS HAVE BEEN RECEIVED BUT ARE NOT COMPLETE BY THIS DATE.**

The Catholic University of America, in compliance with District of Columbia law,
requires all students under the age of 26 to have the following immunizations:

Required Immunizations	Date Given
POLIO (date original series completed, if under 19 years)	_____
TETANUS (last booster, must be within 10 years)	_____
MMR (measles, mumps, rubella)	Dose #1 _____ Dose #2 _____ (Two doses required after first birthday)
OR MMR Titers	Measles _____ Mumps _____ Rubella _____
HEPATITIS B (Three doses required)	Dose #1 _____ Dose #2 _____ Dose #3 _____
OR HEPATITIS B Titer (HBsAB)	_____
Did student have VARICELLA (Chickenpox) ?	YES NO (please circle)
OR VARICELLA Vaccine	Dose #1 _____ Dose #2 _____ (if dose #1 is after 13th birthday, 2 doses are required)
OR VARICELLA Titer Result	_____

ALL FRESHMEN are additionally required to receive the **MENINGITIS** vaccine or sign a waiver declining the vaccine after reading the meningitis FAQ sheet. Should you decide to waive the vaccine, the waiver form **MUST** be attached to this form. The waiver and meningitis FAQ sheet are available on our Web site at <http://health.cua.edu>.

MENINGITIS VACCINE _____

MENINGITIS WAIVER (please attach) YES NO (please circle)

SIGNATURE OF HEALTH CARE PROVIDER: _____

EXEMPTION: If you are exempt due to **MEDICAL** or **RELIGIOUS** reasons (please circle one), an explanatory letter **MUST** be attached. This must be signed by a health care provider or religious organization.

RETURN TO: The Catholic University of America, Student Health Services, 620 Michigan Ave., N.E., Washington, DC 20064