

Immunization Health History Form

(All Students Under 18 Must Complete)

Name:		J#:	Date of Birth:
Last	First	MI	M/D/YYYY
(TO BE COMPLETED BY NI	EW APPLICANTS	ONLY)	
hepatitis B infections to all stud waiver form provided by the ir includes the risk factors and dan	ents matriculating for nstitution, which inc igers of these disease	or the first time. Tenr ludes detailed inform es as well as informati	nformation concerning measles, mumps, rubella, varicella, and nessee law requires that such students complete and sign this lation about these diseases. The required information below on on the availability and effectiveness of vaccines for persons ase is from the Centers for Disease Control and the American
vaccination and/or reimburseme	ent for the vaccine. A practices of the stud	student may be exen	Furthermore, the institution is not required by law to provide npted from immunization requirements if vaccination conflicts ohysician determines that the risk of harm from the vaccine
Hepatitis B (HBV) Immunization			Measles, Mumps, Rubella (MMR) and
Hepatitis B (HBV) is a serious viral infection of the liver that can lead to chronic liver disease, cirrhosis, liver cancer, liver failure, and even death. The disease is transmitted by blood and or body fluids and many people will have no symptoms when they develop the disease. The primary risk factors for Hepatitis B are sexual activity and injecting drug use. This disease is completely preventable. Hepatitis B vaccine is available to all age groups to prevent Hepatitis B viral infection. A series of three (3) doses of vaccine are required for optimal protection. Missed doses may still be sought to complete the series if only one or two have been acquired. The HBV vaccine has a record of safety and is believed to confer lifelong immunity in most cases. I hereby certify that I have read this information, and I have had the entire series of the Hepatitis B vaccine. I hereby certify that I have read this information, and I have elected not to receive the Hepatitis B vaccine.		er that can	/aricella Immunizations
		disease is v and many p	Neasles causes fever, rash, cough, runny nose, and red, vatery eyes. Complications can include ear infection, diarrhea, oneumonia, brain damage, and death.
		ctivity and reventable. to prevent in of vaccine	Numps causes fever, headache, muscle aches, tiredness, oss of appetite, and swollen salivary glands. Complications can nelude swelling of the testicles or ovaries, deafness, nflammation of the brain and/or tissue covering the brain and pinal cord (encephalitis/meningitis), and, rarely, death.
		ety and is in it. c	Rubella causes fever, sore throat, rash, headache, and red, chy eyes. If a woman gets rubella while she is pregnant, she ould have a miscarriage or her baby could be born with erious birth defects.
		ation, and	Varicella (chickenpox) causes blister-like rash, itching, fever, and tiredness. Complications can include severe skin infection, scars, pneumo-nia, brain damage, or death.
		ation, and	
I hereby certify that I have read this information, and I have elected to receive the Hepatitis B vaccine and/or I am in the process of receiving the complete three dose series of the Hepatitis B vaccine.		ation, and	ou can protect against these diseases with safe, effective accination.
			I hereby certify that I have read this information, and I have had the entire series of the MMR and Varicella vaccines.
Student's Signature			I hereby certify that I have read this information, and I have elected not to receive the MMR and Varicella vaccines.
Parent/Guardian's Signature (if student is under 18)			I hereby certify that I have read this information, and I have elected to receive the MMR and Varicella vaccines and/or I am in the process of receiving the
Date			complete series of MMR and Varicella vaccines.

For more information about these diseases and the vaccine schedules, please contact your local health care provider or consult the Center for Disease Control and Prevention Web site at https://www.cdc.gov/az/a.html.