



3 page form

Last Name: _____ First Name: _____ Middle Initial: _____
 ID#: _____ Date of Birth: ____/____/____ Age: ____ Gender: Male Female

1. IMMUNIZATION RECORD

PLEASE SUPPLY DATES OF IMMUNIZATIONS AND PLEASE UPDATE IF NEEDED

Tetanus-Diphtheria (booster within the last 10 years) _____
 MMR (Measles, Mumps, Rubella) Dose 1 _____ Dose 2 _____ (two dates required)
 Measles (Rubeola): disease date _____ Mumps: disease date _____ Rubella: disease date _____
 Polio: Completed primary series? (4 dates) Yes ____ Date of last booster _____ If NO, get completed series.
 Hepatitis A Dose 1 _____ Dose 2 _____ (two dates required)
 Hepatitis B Dose 1 _____ Dose 2 _____ Dose 3 _____ (three dates required)
 Mantoux Tuberculosis Test (within the past year) Date Applied _____ Date Read _____ Results _____
 If POSITIVE, must have chest x-ray within 2 years. Date of CXR _____ Results _____
 Menactra A/C/Y/W - 135 (Meningococcal vaccine) _____

2. VERIFICATION BY CLINICIAN OF PAST INFECTION (CLINICIAN-PLEASE INDICATE MONTH AND YEAR)

Measles _____ Rubella _____ Hepatitis B _____
 _____ Clinician Signature _____

3. BLOOD TEST

In lieu of vaccinations, you may provide proof of immunity by checking the appropriate box(es) and **attaching lab results to this form.**

Serologic confirmation (blood titer) of immunity **attached:** Measles Rubella Hepatitis B

4. MEDICAL EXEMPTION (Physician/Clinician please check appropriate box)

I certify that the medical circumstances of the above-named student contraindicate immunization against:

Measles & Rubella Hepatitis B

 Physician/Clinician signature Date Clinic stamp, where applicable

5. OTHER EXEMPTION (Religious or personal exemption-must be reviewed with the health center director by appointment only.)

a) I request a personal/religious exemption from vaccinations for the following reason:

 Student Signature: _____ Date: _____ Director Signature: _____

OR

I certify that I was born prior to January 1, 1957, and attended primary and secondary school in the United States, will not reside in a campus residence hall (dorm) and will not work with pre-school age children or health care patients as part of my college experience.

Student Signature: _____ **Date:** _____

I understand that exemption for any of the reasons listed above subjects me to exclusion from campus in the event of an outbreak of a disease for which immunization is required.

Student Signature: _____ **Date:** _____

Emergency Contact in the USA:

Last Name _____ First Name _____
Relationship _____
Address _____
Apt# _____ City _____ State _____ Zip _____
Phones (WK/HM/CELL) _____

Allergies:

Medications _____

Others: _____

Medical Alerts:

Student Signature _____ **Date** _____

Health Insurance Information - For School Year 2017 - 2018

Christian Life College suggests that ALL College students enrolled in 7 units or more, or living in on-campus housing, have health insurance.

STUDENT HEALTH INSURANCE

I have viable health insurance with:

Insurance Company: _____ Policy Number: _____

A copy of your medical insurance card (front and back) must be provided.

Please answer the following questions and sign below:

Is this a family policy? No ___ Yes ___ Are you covered after age 18? No ___ Yes ___
Are you covered for accident? No ___ Yes ___ Are you covered for sickness? No ___ Yes ___
Does your policy cover visits to the doctor's office? No ___ Yes ___ Will your policy pay total costs? No ___ Yes ___
Are there geographic limitations No ___ Yes ___ with prescription costs? No ___ Yes ___

Student Signature _____ **Date** _____

(Signature of Parent/Guardian if student is under 18 years of age)

ENTRANCE IMMUNIZATION REQUIREMENTS

Christian Life College Board of Directors requires that:

1. **ALL STUDENTS born on or after January 1, 1957**, show proof of full immunization against measles (rubeola) and rubella. Certain groups of students **regardless of age** must also show proof of full immunization. These groups include: students who attended K-12 school outside the US, students who have lived outside the US at any time during the last 10 years, and all students who will live in the campus residence hall.
2. All new enrollees who are **18 years of age or younger** show proof of having completed a 3 dose series of immunizations against Hepatitis B.

Immunity to Measles (Rubeola) and Rubella means:

Two doses of measles and rubella given individually or in combination (MR or MMR) at or after 12 months of age and at least one month apart.

Immunity to Hepatitis B means:

Three doses of Hepatitis B vaccine given over a period of approximately 6 months.

Compliance with these requirements can be met in the following ways and **needs to be completed prior to your next registration period:**

A. Submit Documentation

Send one or more of the following documents **to the Admissions Office** with your name and Student ID# clearly indicated on each document submitted:

- An Immunization report; **completed by your physician or health care provider**
- A photocopy of your childhood immunization record
- A photocopy of your California High School transcript **IF** immunization information is documented on transcript
- A copy of a lab report showing proof of immunity by blood titer

B. Be Immunized

If you don't have documentation, be immunized at:

- Your family physician
- A local clinic or County Public Health Department

C. Request a waiver or exemption

- **Medical:** If your medical circumstances contraindicate immunization, have your **physician check and sign #4 on the first page of this document.**
- **Religious:** State law permits exemption from immunization for those who object to immunizations on religious or personal grounds. These waivers are handled on a case-by-case basis and require an appointment with the Director of Admissions for approval.

D. Student Statement of Exemption

If you were born prior to January 1, 1957, and attended K-12 in the US, have not lived outside the US at any time during the last 10 years, and will not reside in a campus residence hall (dorm), **please sign #5 on first page of this document.**

Mail or FAX your completed forms and documentation to:

Christian Life College • **Admissions Office** • c/o Laird Sillimon

9023 West Lane • Stockton, CA 95210 • FAX: (209) 952-5795

Or email your completed forms and documentation to: admissions@clc.edu

OFFICIAL USE ONLY

Physician Signature _____ Date _____

Office Phone (____) _____ Address _____

Email _____ City, State, Zip _____