



IMMUNIZATION REQUIREMENTS BEGINNING FALL 2020

MEASLES, MUMPS, AND RUBELLA (MMR)

TWO DOSES WITH FIRST DOSE ON OR AFTER 1ST BIRTHDAY; POSITIVE TITER ALSO ACCEPTED.

VARICELLA (CHICKENPOX)

TWO DOSES WITH FIRST DOSE ON OR AFTER 1ST BIRTHDAY; POSITIVE TITER ALSO ACCEPTED.

TETANUS, DIPHTHERIA, AND PERTUSSIS (TDAP)

ONE DOSE AFTER AGE 7

MENINGOCOCCAL CONJUGATE

(SEROGROUPS A, C, Y, & W-135)

ONE DOSE ON/AFTER AGE 16; REQUIRED OF ALL STUDENTS AGE 21 OR YOUNGER

HEPATITIS B (HEP B)

REQUIRED FOR ALL STUDENTS AGE 18 AND YOUNGER; POSITIVE TITER ALSO ACCEPTED.

SCREENING/RISK ASSESSMENT: TUBERCULOSIS

(TB)

RISK QUESTIONNAIRE AND/OR SKIN TEST REQUIRED OF ALL INCOMING STUDENTS

**ONLY WAIVERS BASED ON MEDICAL
CONSIDERATION WILL BE ACCEPTED**

PLEASE VISIT OUR WEBSITE FOR MORE INFORMATION:

WWW.CSUB.EDU/HEALTHCENTER



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TURNING IN YOUR IMMUNIZATION RECORDS:

EMAIL

ALL PAGES TO IMMUNIZATIONS@CSUB.EDU

FAX

ALL PAGES TO 661-654-3301

MAIL

**ALL PAGES TO CSUB STUDENT HEALTH SERVICES:
9001 STOCKDALE HWY, MAIL STOP: 28 HC; BAKERSFIELD, CA 93311**

PLEASE INCLUDE WITH YOUR RECORDS:

STUDENT NAME, ID NUMBER, DATE OF BIRTH, PHONE NUMBER

**HOLDS GO INTO EFFECT 15 WEEKS AFTER THE START OF THE
SEMESTER. YOU ARE ENCOURAGED TO TURN IN YOUR RECORDS
AS SOON AS POSSIBLE.**

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