

SUBMIT COMPLETED FORM TO:

Attn: Housing and Residence Life
City University of Seattle
521 Wall Street, Seattle, WA 98121
Housing@cityu.edu

STUDENT INFORMATION

Full Name: _____ Student ID _____
Last First M.I.
Date of Birth: _____ Quarter of Start: ☐ Fall ☐ Winter ☐ Spring ☐ Summer
MM/DD/YY _____

REQUIRED VACCINES & INOCULATIONS FOR THE RESIDENCE HALL

Must be completed by a Physician. Please give dates (MMDDYY) of all vaccinations or inoculations. See following for the full policy. Either two doses of MMR or Measles with one dose of Rubella and required Meningitis vaccine.

1st MMR: _____ 1st Measles: _____ Rubella: _____
2nd MMR: _____ 2nd Measles: _____ Mumps: _____
Meningitis Vaccine: _____

MEDICAL EXEMPTION

I certify that the person named above has a medical reason not to be inoculated. Describe below.

RECOMMENDED VACCINATIONS AND INOCULATIONS FOR THE RESIDENCE HALL

Please give dates (MMDDYY) of all vaccinations or inoculations.

☐ Tetanus-Diphtheria _____ Varicella 1st Date: _____ Polio 1st Date: _____
☐ DTap _____ Varicella 2nd Date: _____ Polio 2nd Date: _____
☐ DTP and booster w/Td: _____ Polio 3rd Date: _____
Polio 4th Date: _____

SIGNATURE

I reviewed the history of this patient as reported above and find it to be complete and accurate to the best of my knowledge.

Physician Name (print)

Date:

Physician Signature

Phone:



Physician's Office Stamp