



Entrance Immunization Requirements

Hope International University Board of Trustees 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 United States, students who have lived outside of the United States for 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.**
 - a. 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.
 - b. Immunity to Hepatitis B means: Three doses of Hepatitis B vaccine given over a period of approximately 6 months.
3. **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 Office of Student Affairs with your name and Student ID# clearly indicated on each document submitted:
 - The form on the reverse side of this document (completed by your physician or health care provider).
 - A photocopy of your childhood immunization record.
 - A photocopy of your High School Transcript if immunization information is documented on the 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 sign the statement on the Page 2 of this form.*
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 Dean of Students for approval.*
 - d. Student Statement of Exemption
If you were born prior to January 1, 1957, and attended primary and secondary school in the United States, have not lived outside of the United States at any time during the last 10 years, and will not reside in a campus residence hall (dorm), please sign the student statement of exemption (Section 5) on this document.



SECTION 1: STUDENT INFORMATION

Last Name	First Name	Student ID#
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SECTION 1: VERIFICATION OF PAST INFECTION (Clinician, please indicate month and year)

<input type="checkbox"/> Measles	<input type="checkbox"/> Rubella	<input type="checkbox"/> Hepatitis B

Clinician's Signature

Date

Clinic Stamp (if applicable)

SECTION 2: 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.

<input type="checkbox"/> Serilogic Confirmation (blood titer) of immunity attached for:		
<input type="checkbox"/> Measles	<input type="checkbox"/> Rubella	<input type="checkbox"/> Hepatitis B

SECTION 3: MEDICAL EXEMPTIONS (Physician/ Clinician please check appropriate box)

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

<input type="checkbox"/> Measles and Rubella	<input type="checkbox"/> Hepatitis B

Physician's Signature

Date

Clinic Stamp (if applicable)

SECTION 4: IMMUNIZATION EXEMPTIONS

Religious or personal exemption-must be reviewed by the Dean of Students by appointment only.

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

Student Signature

Date

Dean of Students Signature

*Parent/ Guardian Signature
(If student is under the age of 19)*

Date

Dean of Students Signature



- ☐ 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 aged children or health care patients as a part of my college experience.

Student Signature

Date

Dean of Students Signature

SECTION 5: STATEMENT OF UNDERSTANDING

- ☐ 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

Dean of Students Signature

Parent/ Guardian Signature
(If student is under the age of 19)

Date

Dean of Students Signature

RETURN Medical and Immunization Exemption Form: The Medical and Immunization Exemption Form (with application documentation, i.e. lab results) can be mailed, faxed, or hand-delivered to:

Office of Student Affairs
c/o Leslie Stevens, Dean of Students
Nebraska Christian College
12550 South 114th Street
Papillion, NE 68046

Phone: 402-935-9400
Fax: 402-935-9500

Revised: 3/24/2017