

**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: MM/DD/YY \_\_\_\_\_ Quarter of Start:  Fall  Winter  Spring  Summer

**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.

1<sup>st</sup> MMR: \_\_\_\_\_ 1<sup>st</sup> Measles: \_\_\_\_\_ Rubella: \_\_\_\_\_  
2<sup>nd</sup> MMR: \_\_\_\_\_ 2<sup>nd</sup> 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 1<sup>st</sup> Date: \_\_\_\_\_ Polio 1<sup>st</sup> Date: \_\_\_\_\_  
 DTap \_\_\_\_\_ Varicella 2<sup>nd</sup> Date: \_\_\_\_\_ Polio 2<sup>nd</sup> Date: \_\_\_\_\_  
 DTP and booster w/Td: \_\_\_\_\_ Polio 3<sup>rd</sup> Date: \_\_\_\_\_  
Polio 4<sup>th</sup> 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