



Health Services
phone: 805-756-1211
Fax 805-756-5298

Health Ed: 805-756-6181
Pharmacy: 805-756-5260

Counseling Services
phone: 805-756-2511
Fax 805-756-6525

www.hcs.calpoly.edu



Health & Counseling Services

Building #27

<http://www.hcs.calpoly.edu>

Hours of Operation

M T R F : 8:00am-4:30 pm

W: 9:00 am-4:30 pm

Health Services (805) 756-1211

As a result of registering and paying fees, all Cal Poly students are entitled to outpatient medical services at no additional charge. These services include:

- Primary Physician and Nursing Care
- Routine Laboratory Tests
- Routine X-ray Procedures
- Men's/Women's Health Care
- Health Education Programs in Nutrition, Alcohol & Drug Awareness, Sexuality & Lifestyle Wellness

We provide urgent care services, including diagnosis and treatment of illness, repair of lacerations, and minor fractures.

The Following are Available for an Additional Charge:

- Pharmacy Items (Prescription & Over-the-Counter Items)
- Certain Laboratory Tests
- Immunizations
- Travel Clinic
- Orthopedic Supplies
- Physical Examinations for outside agencies
- Optometry

(Availability and cost of some services are subject to change)

Counseling Services (805) 756-2511

We offer counseling for:

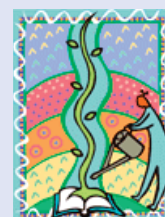
- Individuals
- Couples
- Groups

Ours services are:

- Free
- Confidential

See us for concerns about:

- stress
- self-esteem
- relationship issues
- family issues
- anger management
- depression
- anxiety
- substance abuse/use
- dating violence



<http://www.hcs.calpoly.edu/counseling>



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Resources

After Hours Care

Using Private Health Insurance

Health History Form

Meningococcal Form

**Consent for the Release of Medical
Information**

Immunization Requirements



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After-Hours Care Using Private Health Insurance

Building #27

<http://www.hcs.calpoly.edu>

Hours of Operation

M T R F : 8:00am-4:30 pm

W: 9:00 am-4:30 pm

What is a Medical Emergency?

A medical emergency is medical condition that is an immediate threat to your life or long-term health. Conditions such as an open chest wound, spinal injury with a loss of sensation, an obvious fracture, unconsciousness (e.g. drug or alcohol overdose), or suicidality constitute medical emergencies. Generally, if your medical condition can wait until the next day for assessment or treatment, it is not a medical emergency. If you or someone you know is experiencing a medical emergency, call 911 or otherwise get them immediately to the nearest emergency room. The following are the 24-hour ER's in San Luis Obispo.

Sierra Vista Medical Center
1010 Murray Street 546-7600

French Hospital
1911 Johnson Ave 543-5353

All types of insurance cover the treatment of medical emergencies in this community. However, some insurers, particularly health maintenance organizations [HMOs] will not pay for non-emergency care provided in an ER.

For non-emergency after-hours care, the following urgent care facilities can be substantially cheaper to use than the Emergency Room. If you have an HMO, call for pre-approval.

Family Medical Center
47 Santa Rosa 542-9596

Med Stop
283 Madonna Road 549-8880

What kind of insurance do I have? How does it work?

It is important that you know what kind of insurance you have: HMO, PPO, or regular indemnity insurance. What follows is a description of the usual characteristics of each type of insurance. The most critical bit of information you need to know about your insurance is whether or not you need preapproval for a medical service in order to be reimbursed for your expenses by your insurance company. Call the number on your insurance card to find out.



Health Maintenance Organizations (HMOs)

If your insurance requires a per visit co-pay, then you probably are covered by an HMO. An important consideration for HMO customers is that any medical service other than care from your primary care provider or emergency medical services will require pre-approval by your HMO. Without pre-approval, most claims will be refused payment and you will be required to pay the entire bill. Your membership card will have the number you need to call for preapproval. In general, your care under an HMO is managed by a Primary Care Provider. If you plan on living in San Luis Obispo County for the Academic Year or longer, you may want to consider changing to a primary care provider in this County, since his/her approval will be needed for specialty care referrals. This will save you from having to drive home for that approval. This will not affect your ability to use the Health Services' providers for your routine health needs.

Out -of-County HMOs (Kaiser)

Some HMOs, like Kaiser, do not operate in San Luis Obispo County. If your HMO does not operate in San Luis Obispo County, you are still covered for medical emergencies. Whenever possible, you should call your HMO for prior approval before seeking care. However, in a true medical emergency, go directly to the nearest emergency room.

Indemnity Insurance Plans


Indemnity insurance plans simply pay a percentage of your medical expenses after your deductible is met. In most instances you will not have to submit bills for medical care, but you will probably have to submit bills for pharmacy items and medical supplies in order to be reimbursed. If you have a \$500 deductible plan, the insurance will not pay for the first \$500 of expenses you incur.

Preferred Provider Organizations (PPOs)

Preferred Provider Organizations insurance plans work very similarly to indemnity insurance, except that PPOs create groups of providers that you can see at a discount. For example, they may pay 80% of your bill if you see someone from their provider list, but only 60% if you see someone who is not on the list. Frequently there is a deductible. If you have a \$500 deductible plan, the insurance will not pay for the first \$500 of expenses you incur.

Inpatient Hospital Care

Hospital care is extremely expensive. If you are going into the hospital, it is critical that you follow the correct procedures set by your insurance company. If you are covered by an HMO, your hospital stay must be pre-approved by the HMO or you stand a high probability that they will not pay for your care. The hospital admitting office should help with pre-authorization, but in order for them to do that effectively they need your insurance card. Be sure to carry it with you at all times.



When You Need to Use Private Insurance

Underlined items may require pre-approval from your health insurer.

1. For emergency services
2. For hospitalization
3. For urgent services that occur after Health Center hours [see inside the brochure for urgent care facilities in San Luis Obispo]
4. For the services of medical specialists not seen at the Health Center
5. For basic health services away from campus [note that you can receive basic health services from any Cal State University campus if you are a currently enrolled Cal Poly student.]

Supplemental Insurance is available at the Health Center.
Applications are available at the front desk.

Supplemental Insurance Checklist

See inside for descriptions of types of insurance

- ❑ IF YOU HAVE A MEDICAL EMERGENCY CALL 911 OR GET TO THE NEAREST ROOM REGARDLESS OF INSURANCE CONSIDERATIONS.
- ❑ CARRY YOUR HEALTH INSURANCE CARD AT ALL TIMES
- ❑ If you have HMO coverage, call for pre-approval of all non-emergency services.
- ❑ If you have PPO coverage, find the appropriate provider from your provider list for this area.
- ❑ If you have indemnity insurance, contact the provider of your choice.
- ❑ Keep all receipts for services, doctor's costs, pharmacy items, and medical equipment. It may be necessary to submit these to your insurance company at a later date.
- ❑ Know which pharmacies accept your health plan. If there is no pharmacy in this area [as is the case with Kaiser], check to see if the Health Center Pharmacy has the medication. Our prescription prices are generally the best in town.

If you have trouble using your insurance or have payment for a service denied, we're here to help. Stop in or call us for advice.

Health and Psychological Services [next to the Rec Center]
Health Services 756-1211
Health Education Services 756-6181
Psychological Services 756-2511

Website: www.hcs.calpoly.edu/

Student Health Services

Cal Poly State University
San Luis Obispo, CA. 93407-0210
(805) 756-1211

HEALTH HISTORY FORM

TODAY'S DATE: _____

PATIENT INFORMATION

PATIENT NAME: (PLEASE PRINT) _____

LAST: _____ FIRST: _____ MIDDLE: _____

MAIDEN NAME/OTHER: _____

DATE OF BIRTH: _____ SSN: _____ GENDER: M F

CURRENT LOCAL ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____ PRIMARY LANGUAGE: _____

PARENT/GUARDIAN INFORMATION

NAME: _____ RELATIONSHIP: _____

STREET: _____ CITY: _____ STATE/COUNTRY: _____ ZIP: _____

EMERGENCY CONTACT INFORMATION

NAME: _____ RELATIONSHIP: _____ PHONE NUMBER: _____

ALLERGY INFORMATION (Please list: e.g. penicillin, peanuts, environmental, etc)

Drug Allergies: _____

Other Allergies: _____

FAMILY HISTORY: (check all that apply)

Alcohol/Drug Abuse _____ Death before 50 _____ Elevated cholesterol _____

Hypertension _____ Cancer/Type _____ Diabetes _____ Heart Disease _____

Mental Illness _____ Other _____

Brief Explanation of any marked history: _____

MEDICAL HISTORY:

Do you have a present or past history of (check all that apply)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Intestinal/Stomach | <input type="checkbox"/> Scarlet Fever |
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Disability/Handicap | <input type="checkbox"/> Joint Disease/Injury | <input type="checkbox"/> Sexually Transmitted Infection-STI |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Drug Abuse | <input type="checkbox"/> Measles, Red | <input type="checkbox"/> Sickle Cell Trait/Anemia |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Ear/Hearing Trouble | <input type="checkbox"/> Menstrual Problems | <input type="checkbox"/> Sinus Trouble |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Migraine Headaches | <input type="checkbox"/> Skin Problems; Eczema, Psoriasis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Eye Disease/Problems | <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Sleep Problems |
| <input type="checkbox"/> Back Problems | <input type="checkbox"/> Gallbladder Trouble | <input type="checkbox"/> Mumps | <input type="checkbox"/> Smoking: _____ #years; _____ Cig. per day |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Head Injury | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Spleen, Surgical Removal |
| <input type="checkbox"/> Chicken Pox (Varicella) | <input type="checkbox"/> Headache (Recurrent) | <input type="checkbox"/> Paralysis | <input type="checkbox"/> Thyroid Disease |
| <input type="checkbox"/> Colitis | <input type="checkbox"/> Heart Disease/Problem | <input type="checkbox"/> Polio | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Convulsions/Seizures | <input type="checkbox"/> Hepatitis/Jaundice | <input type="checkbox"/> Psych. Counseling | <input type="checkbox"/> Urinary Tract Infection |
| <input type="checkbox"/> Cough (Chronic) | <input type="checkbox"/> Hernia/Rupture | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Whooping Cough |
| <input type="checkbox"/> Depression | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Rubella /3-day Measles | <input type="checkbox"/> Other |

Brief Explanation of any marked medical history: _____

MEDICATION HISTORY: (Prescription, birth control, over-the-counter, herbal)

HOSPITALIZATIONS/SURGERIES: (Include dates)

By signing below, I consent to treatment at Health Services and agree to pay for any charges that I incur.

PATIENT NAME: _____ DATE: _____
(Please Print)

PATIENT SIGNATURE: _____

Meningococcal Disease

IMPORTANT INSTRUCTIONS: Please review the following information from the State of California, Department of Health Services. Please complete and sign the form at the end of this document and mail or fax to: Health Services, Cal Poly State University, San Luis Obispo, CA 93407, Fax (805)-756-5298.

Do you know about meningococcal disease?

- Meningococcal disease is a **serious** illness caused by bacteria that infect the blood or membranes surrounding the brain and spinal cord. It can lead to brain damage, disability, and death.
- It is most common in infants and in people with certain medical conditions. College **freshmen**, particularly those who live in **dorms**, have a modestly increased risk of getting the disease. About 100 cases occur on college campuses in the U.S. each year, with 5-15 deaths.
- Common **symptoms** of meningitis include stiff neck, headache, fever, sensitivity to light, sleepiness, confusion, and seizures.
- It can be treated with antibiotics, but **treatment** must be started early. Despite treatment, 10-15% of people who get the disease die from it. Another 10-20% suffer long-term consequences.
- A meningococcal **vaccine** is available from your doctor or college health service. It protects against four of the five most common types of this disease. Vaccine protection lasts 3-5 years and can prevent 50%-70% of cases on college campuses.
- Meningococcal vaccine may cause **reactions** such as pain or fever. Discuss contraindications and rare but serious side effects with your health care provider.

What Is Meningococcal Disease?

Meningococcal disease is caused by *Neisseria meningitidis* bacteria. The two most common forms of meningococcal disease are meningitis, a bacterial infection of the fluid and covering of the spinal cord and brain; or septicemia, an infection of the bloodstream. Meningitis has other causes as well, the most common being viral infection.

How Common Is Meningococcal Disease? Meningococcal disease is uncommon. In the US, each year there are about 2500 cases (1-2 cases for every 100,000 people), with 300 to 400 occurring in California. **Of 14 million students enrolled in colleges nationwide, approximately 100 acquire meningococcal disease each year.**

How Is It Diagnosed? A diagnosis is commonly made by growing the bacteria from the spinal fluid or blood. Identifying the bacteria is important for selecting the best antibiotics.

Are College Students At Increased Risk? Overall, undergraduate students have lower risk than a non-student population (1.4 cases per 100,000 people per year). However, **college freshmen living in dormitories have a modestly increased rate** (4.6 cases per 100,000 people per year). Reasons for this increase are not fully understood, but are probably related to living in close proximity to each other.

How Are Meningococcal Bacteria Spread? The bacteria are transmitted from person-to-person in secretions from the nose and throat. They are not spread by casual contact or by simply breathing the air near an infected person, but require close contact. The bacteria can live outside the body for only a few minutes; so if the germs contaminate a desk or book, they soon die and won't infect a person who touches it later. As many as 2 in 10 people carry the bacteria in the back of the nose and throat at any given time, especially in winter. Why only a very small number of those who have the bacteria in their nose and throat develop disease, while others remain healthy, is not understood.

How Can I Avoid Getting Meningococcal Disease? You can protect yourself by maintaining good health and hygiene. As a general recommendation, you should wash your hands frequently. Avoid sharing materials that make mouth contact, such as eating utensils, bottles, cigarettes, or lip balm. Contact a healthcare provider immediately if you are in close contact with someone who is known or suspected to have meningococcal infection.

Is The Vaccine Recommended For College Students? Currently, the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices and the American Academy of Pediatrics do not recommend routine meningococcal vaccination for college students (even in dormitories). Meningococcal vaccination is recommended for persons at above-average risk for meningococcal disease, including persons with certain immune system problems, those lacking a spleen, and travelers to countries where meningococcal disease is common. It should be considered for college freshmen who will live in dormitories. The vaccine is comprised of 4 strains of the bacteria, but does not include type B and other strains that account for nearly 50% of meningococcal cases in California. Protection lasts 3-5 years; boosters may **not** be as effective as the primary vaccination. Discuss the risks and benefits of this vaccination with your health care provider.

Is The Vaccine Required? No, please refer to recommendations in previous paragraph.

For More Information Check: www.acha.org/info_resources

This information provided by: Gray Davis, Governor —State of California • Grantland Johnson, Secretary —Health and Human Services Agency
Diana M. Bontá, R.N., Dr. P.H. Director —Department of Health Services • Immunization Branch • 2151 Berkeley Way • Berkeley, CA 94704
IMM-688 (1/02) supplemental information

ATTENTION: SUBMISSION OF MENINGOCOCCAL VACCINE RECORDS IS NOT REQUIRED. HOWEVER, ALL FRESHMEN MUST COMPLETE AND SIGN THE FORM ON NEXT PAGE AND SUBMIT TO HEALTH SERVICES.

MENINGOCOCCAL DISEASE RESPONSE FORM

PLEASE PRINT THIS FORM, COMPLETE, SIGN AND RETURN TO: Health Services, Cal Poly State University, San Luis Obispo, CA 93407 or FAX to 805-756-5298.

Last Name

First

Middle

_____/_____/_____
Date of Birth

Cal Poly Empl ID

Students in On-Campus Housing:

I have received the above information and...

I have already received meningococcal vaccine: _____
Date

I intend to receive meningococcal vaccine prior to enrollment.

I do not intend to receive meningococcal vaccine prior to enrollment.

Student Signature

Date

Before you start college, please be aware of Cal Poly's Immunization

Requirements: ALL students born after January 1, 1957, ALL students residing in the campus residence halls, and ALL education and nutrition science majors (regardless of age) are required to present proof of immunization against BOTH measles and rubella (German measles). The immunization must have been received after January 1, 1968, and not before 12 months of age. You will NOT be able to register for your second year until you have completed this requirement.

All new students who are 18 years of age or younger are required to present proof of immunization against hepatitis B. The hepatitis B immunization is a series of three shots, usually given over a period of six months. You will NOT be able to register for your second quarter until you have presented proof to Health Services that you received at least one shot. You must complete the series prior to your second year of enrollment. You will NOT be able to register for your second year until you complete this requirement.

For the Cal Poly Immunization Requirement Check: www.hcs.calpoly.edu/faq.pdf

For More Information Check: www.acha.org/info_resources

For Office Use Only

Entered by: _____



Health Services/California Polytechnic State University
 1 Grand Ave.
 San Luis Obispo, CA 93407-0210
 Office (805) 756-1211 Fax (805) 756-5298
Please print. Must be completed in ink

AUTHORIZATION FOR THE RELEASE OF MEDICAL INFORMATION

Patient Name: _____ Date of Birth: _____
 Cal Poly Empl ID #: _____ Telephone: _____
 Address: _____

Type of Access Requested: Copies **or** Verbal Exchange of Information
I authorize Cal Poly Health Services to:
 Release information to: _____ Request information from: _____

Name: _____ Telephone: _____

Street Address: _____ FAX: _____

City, State, Zip Code: _____

➤ **Reason for release of information:**

Insurance Transfer of care Personal File
 Moving out of area Specialist consult Legal Other _____

➤ **Please release the following records (check all that apply):**

All records from last 2 years of treatment TB test results
 Clinic notes (dates) _____ Immunizations
 HIV test results _____ (Must initial)
 Lab/pathology results (Specify) _____
 Radiology/Imaging reports (Specify type and/or date) _____
 Annual gynecological visits, including all lab results (dates) _____
 X-Ray Films (Charge for copies) _____
 Other information (Specify) _____

Consent

This information is intended for use by the above named recipient only. I am aware that the records released may contain information relating to psychiatric or psychological testing, physical abuse, or drug and alcohol abuse. This authorization will expire exactly one year from the date below or on _____. I have the right to receive a copy of this authorization. I may revoke this authorization at any time in writing. I understand that information used or disclosed under this authorization may be subject to redisclosure by the recipient without being further protected under the HIPAA rules. I understand that I may be charged for copies provided. Incomplete information may cause a delay.

Patient Signature: _____ Date: _____

Please allow 15 days for processing. Health Services Policy on the Release of Medical Records is posted in Health Center. Copy available upon request.

CAL POLY UNIVERSITY IMMUNIZATION REQUIREMENT

Have your Health Care Provider complete this form, or attach copies of records and return to:

Cal Poly Health Services
San Luis Obispo, CA 93407
FAX (805) 756-5298

Student Name: _____ EMPL ID: _____ DOB: _____



ALL STUDENTS 18 YEARS OR YOUNGER

On the 1st day of the 1st quarter of enrollment

1. Hepatitis B Vaccine

All students are required to show proof of immunization (a three-dose series) against hepatitis B.

Date of dose #1 _____

Date of dose #2 _____

Date of dose #3 _____

OR

Results of a blood test indicating immunity.

Date of blood test _____

Test performed _____

Results _____

2. MMR Vaccine (Measles, Mumps and Rubella)

All students are required to show proof of MMR vaccine. *Vaccine must have been given after your 1st birthday.*

Date of immunization #1 _____

Date of immunization #2 _____

OR

Results of a blood test indicating immunity.

Date of **blood test AND results:**

Rubella: _____

Measles: _____

Mumps: _____

-----**CERTIFICATION BY MD/RN**-----

Signature _____

Address _____

Date _____

OR

Attach *copies* of your immunization records/lab reports.
DO NOT SEND ORIGINAL RECORDS



ALL STUDENTS 19 YEARS OR OLDER

AND

ALL STUDENTS BORN AFTER JAN 1, 1957

AND

ALL Education Majors (Regardless of age)

ALL Nutrition Science Majors (Regardless of age)

ALL Students residing in residence halls

1. MMR Vaccine (Measles, Mumps and Rubella)

All students are required to show proof of measles vaccine. *Vaccine must have been given after your 1st birthday and after Jan. 1, 1968.*

Date of immunization #1 _____

Date of immunization #2 _____

OR

Results of a blood test indicating immunity.

Date of **blood test AND results:**

Rubella: _____

Measles: _____

Mumps: _____

-----**CERTIFICATION BY MD/RN**-----

Signature _____

Address _____

Date _____

OR

Attach *copies* of your immunization records/lab reports.
DO NOT SEND ORIGINAL RECORDS



STUDENTS BORN BEFORE JAN 1, 1957

You are exempt from the CSU immunization requirement *unless* you are an Education or Nutrition Science Major (see Section B).

PLEASE READ BOTH SIDES OF DOCUMENT – DO NOT DISCARD THIS FORM

CAL POLY IMMUNIZATION REQUIREMENTS

ALL students born after January 1, 1957, **ALL** students residing in the campus residence halls, and **ALL** education and nutrition science majors (regardless of age) are required to present proof of two immunizations against **measles, rubella and mumps (MMR)**. The immunizations must have been received after January 1, 1968, and after 12 months of age. *You will **NOT** be able to register for your second quarter until you have completed this requirement.* **Students enrolled in a California public school for the seventh grade or higher on or after July 1, 1999 will have satisfied this requirement.**

ALL new students, who are 18 years of age or younger, are required to present proof of immunization against **hepatitis B**. The hepatitis B immunization is a series of three shots, usually given over a period of six months. *You will **NOT** be able to register for your second quarter until you have presented proof to Health Services that you received at least one shot.* You must **complete** the series prior to your second year of enrollment. *You will **NOT** be able to register for your second year until you complete this requirement.* **Students enrolled in a California public school for the seventh grade or higher on or after July 1, 1999 will have satisfied this requirement.**

FREQUENTLY ASKED QUESTIONS

1. How am I supposed to get proof that I have had these shots?

You may be able to get proof:

- ◆ By checking with your personal physician or the pediatrician who took care of you when you were a child
- ◆ From your personal immunization records
- ◆ From your primary or secondary school immunization records
- ◆ From your immunization records from another college you attended
- ◆ From your military immunization records

2. What if I never had these shots or cannot get any records?

- ◆ You may receive the MMR and hepatitis B vaccines at Cal Poly Health Services.
- ◆ You may receive the vaccines from your personal physician.
- ◆ You may receive the vaccines at a clinic in your area. Contact your local public health department.

3. Is there another way to show proof of immunity without getting the shots?

Yes, if you have ever had these diseases or an effective immunization, you will have immunity. To prove this, have your doctor order the necessary blood test that will show immunity.

4. These shots are against my personal or religious beliefs. What should I do?

You may be granted an exemption. Waivers for exemption are available at Health Services.

5. I have a medical condition that prohibits me from receiving some vaccines. What should I do?

You may be granted an exemption. Waivers for exemption are available at Health Services.

6. I need another copy of this form. Where can I get one?

You can get additional copies from Health Services (Building 27).

7. I understand the hepatitis B immunization is a series of shots. What if there isn't enough time to get all three doses before I come to school?

Students are required to have at least one dose prior to enrolling for their second quarter at Cal Poly. Subsequent doses may be given at Health Services.

8. I will be away from home at the time my next hepatitis B shot is due. What should I do?

Students may obtain the hepatitis B immunization at Health Services.

9. I think I had hepatitis B infection a while back. Do I still need to get the shots?

No. You do not need to get the immunization if you have had the disease. **However**, you do need to present proof of acquired immunity by having had the disease. You can do this by asking your doctor to order the blood test that will show immunity.

10. I turned in documentation that I started the series; now how do I show that I have finished the series?

Once you have received all three doses, use this form to document completion. Have your health care provider complete the form, or attach a **copy** of your immunization record. Take the form to Health Services (Bldg 27); or mail it to Health Services, San Luis Obispo, CA 93407; or FAX it to Health Services at (805) 756-5298. Additional forms are available at Health Services.

11. I just can't figure this all out. Is there someplace I can go for help?

Yes. If you have questions not answered by this form or if you need help interpreting your immunization records, you can get help from the staff at Health Services on campus, or by calling Health Services at (805) 756-1211.

RECOMMENDED IMMUNIZATIONS (not required)

- ◆ Current Tetanus/Diphtheria (within the last ten years)
- ◆ Meningococcal Disease
- ◆ Current TB test (within two years)