MANDATORY STUDENT HEALTH INSURANCE REQUIREMENT

The University of Arizona requires that all International Students on non-immigrant visas (degree and non-degree seeking, resident or non-resident tuition) registered for at least 1 credit hour, to carry the UA Student Health Insurance Plan.

If you arrive before the UA Student Health Insurance takes effect, you are eligible to apply for an early enrollment. Protect yourself from unexpected financial costs in the event of an illness or injury, visit our website for enrollment information.

Fall coverage period: August 16th through January 3rd
Spring coverage period: January 4th through August 15th
Summer coverage period: June 1st through August 15th

Benefits, Premium & Early Enrollment:
Information can be viewed at www.health.arizona.edu: Select “Fees & Insurance”, scroll down to the “Student Health Insurance” link.

Exemptions:
There are certain circumstances that may allow one to be exempt from being enrolled in the UA Student Health Insurance Plan. Exemption requests are made on a semester basis and must be submitted no later than the published deadline dates. List of circumstances and the “Exemption Request Form” are available at the following link.
http://www.health.arizona.edu/insurance_exemptions.htm

The University of Arizona
Campus Health Service
Insurance Office
P.O. Box 210095
Tucson, AZ  85721-0095
Telephone (520) 621-2384     Fax (520) 621-9471
www.health.arizona.edu: To submit on-line click on “New Students” and select “Submit Your Immunization Records Online”

Important: Complete form below and attach medical proof of immunizations or titer results or have your physician complete and sign.

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<th>Last Name (surname)</th>
<th>First (given name)</th>
<th>Middle</th>
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Date of Birth (mo/day/yr)  Phone Number  Student I.D. #

- Proof of two (2) MMR immunizations or a lab test that shows immunity to Measles (Rubella), Mumps and Rubella
- The first vaccination must be given at or after 1 year of age
- At least one of the MMR shots must have been given after 1979
- Immunization requirement waived if you were born before January 1, 1957

Dates of two (2) MMR’s (Measles, Mumps, Rubella):

#1______/______/______  #2______/______/______
(mo/day/yr)  (mo/day/yr)

or

Dates of two (2) Measles
#1______/______/______  #2______/______/______

and

Dates of two (2) Mumps
#1______/______/______  #2______/______/______

and

Dates of two (2) Rubella
#1______/______/______  #2______/______/______

or

Date of titer(s) proving Measles, Mumps and Rubella immunity: _____/______/______

Other Recommended Immunizations: Hepatitis B, Varicella, and Meningococcal

Physician Signature

Date  CHS306  9/2015

See next page for immunization submission/inquiries