



MEASLES IMMUNIZATION VERIFICATION

NOTE: This information is required by Oregon state law for Community College students participating in practicum experiences in Allied Health, Education and Early Childhood Education programs, and Intercollegiate Sports.

Return this form to your instructor

Date _____

Student Name (Print) _____

Student ID Number _____ Date of Birth _____

Program/Activity _____ Beginning Date: _____

Mark / Complete Only the Appropriate Section Below:

_____ Student has had two doses of measles vaccine after first birthday (more than 28 days apart). List dates below and **attach documentation** of both doses.

_____ Date of first dose

_____ Date of second dose

_____ No documented first dose of MMR but second dose of MMR or measles containing vaccine was given in or after 1989 and student was born before Jan of 1984. List date below and **attach documentation** of dose.

_____ Date of second dose

_____ Documentation of adequate measles [rubeola] titer— **attach titer results**

_____ Born prior to January 1, 1957—no further documentation needed

_____ Student has a medical reason to not receive the vaccine—
(Physician documentation attached)

_____ Religious or philosophical exemption. There are two ways to claim this exemption. You can talk to your health care provider and get a signed Vaccine Education Certificate. Or, you can watch an online College Measles Module, then print and sign a Vaccine Education Certificate.

<http://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/GettingImmunized/Pages/non-medical-exemption.aspx> — **attach certificate**

_____ Student Signature