



UNIVERSITY *of* Western States

Certificate of Immunization: Measles

Student Name: _____

Date of Birth: _____

In order to comply with Oregon law regarding a second measles vaccination for university students, entering students at University of Western States (UWS) who were born on or after January 1, 1957 must provide the university with evidence of having received two doses of the measles vaccine on or after their first birthday with a minimum of 30 days between doses. Dates of immunization accompanied by the student's signature are sufficient evidence. If month and year of the first dose are not available, **written documentation** of the second dose on or after December 1989 must be provided. Exceptions to the policy are listed below. Further details are available through the office of student services.

Vaccine History (check one)

I meet one of the following criteria so I do not need further measles immunization. Check one and attach documentation if the date of the first dose is not given.

_____ I have had two doses of measles vaccine on or after my first birthday, which were at least 30 days apart (no documentation required).

1st dose date _____ 2nd dose date _____

_____ I do not know the date of my first measles vaccine, but I had my second measles immunization on or after December 1989 (must attach documentation).

2nd dose date _____

Medical Exemption

_____ 1. My measles (rubeola) titer report is attached and indicates I am immune to measles.

_____ 2. A statement is attached (signed by an MD, naturopath or nurse practitioner) verifying I had measles (rubeola).

_____ 3. A statement is attached (signed by an MD, naturopath or nurse practitioner) verifying a medical reason for not receiving the immunization.

_____ 4. I am choosing a Non-Medical Exemption (must complete online module and attach certificate). More information about Non-Medical Exemptions in Oregon and the required online module can be found at healthoregon.org/vaccineexemption.

Student Signature _____ Date _____