



This document is the process and procedure guide for [Policy 9010 Student Vaccination Requirements](#).

Doctor of Chiropractic Student Requirements

Doctor of chiropractic students must demonstrate meeting the Oregon State measles vaccination requirement through one of the following methods. Dates must include month and year.

Vaccine Type (SIS Code)	Method of Meeting Requirement	Documentation Required	SIS Code
Measles (MEAS)	Dates of two doses of vaccine received at least one month apart	No	2DOS
	Date of the second dose of vaccination, received on or after Dec 1989	Yes	2DOS
	Titer blood test demonstrating immunity to disease	Yes	TITR
	Previous diagnosis of disease including date of diagnosis, signed by a qualified medical professional	Yes	PRDX
	Medical exemption including diagnosis that warrants exemption, date of diagnosis, and whether the condition will resolve (with timeframe, if applicable) signed by a qualified medical professional	Yes	EXMD
	Certificate of completion of Oregon Health Authority vaccine education module	Yes	EXNM
	Oregon Health Authority college vaccine education certificate signed by a qualified health care provider	Yes	EXNM
	Exempt due to age (born before Jan 1, 1957)	No	AGE

Doctor of Naturopathic Medicine Student Requirements

Doctor of naturopathic medicine students must demonstrate meeting the following Oregon State vaccination requirements via one of the listed methods. Dates must include month and year.

Vaccine Type (SIS Code)	Method of Meeting Requirement	Documentation Required	SIS Code
Hepatitis B (HEPB)	Dates of three doses of vaccine; 1 st and 2 nd dose at least four weeks apart; 2 nd and 3 rd dose at least 5 months apart	Yes	3DOS
	Titer blood test demonstrating immunity to disease	Yes	TITR
	Previous diagnosis of disease including date of diagnosis, signed by a qualified medical professional	Yes	PRDX
	Medical exemption including diagnosis that warrants exemption, date of diagnosis, and whether the condition will resolve (with timeframe, if applicable) signed by a qualified medical professional	Yes	EXMD
Measles (MEAS)	Dates of two doses of vaccine received at least one month apart	Yes	2DOS
	Titer blood test demonstrating immunity to disease	Yes	TITR
	Previous diagnosis of disease including date of diagnosis, signed by a qualified medical professional	Yes	PRDX
	Medical exemption including diagnosis that warrants exemption, date of diagnosis, and whether the condition will resolve (with timeframe, if applicable) signed by a qualified medical professional	Yes	EXMD



Mumps (MUMP)	Dates of two doses of vaccine received at least one month apart	Yes	2DOS
	Titer blood test demonstrating immunity to disease	Yes	TITR
	Previous diagnosis of disease including date of diagnosis, signed by a qualified medical professional	Yes	PRDX
	Medical exemption including diagnosis that warrants exemption, date of diagnosis, and whether the condition will resolve (with timeframe, if applicable) signed by a qualified medical professional	Yes	EXMD
Rubella (RUB)	Date of one dose of vaccine Note: if two doses of vaccine have been received via a combined MMR vaccine, use the date of the second dose	Yes	1DOS
	Titer blood test demonstrating immunity to disease	Yes	TITR
	Previous diagnosis of disease including date of diagnosis, signed by a qualified medical professional	Yes	PRDX
	Medical exemption including diagnosis that warrants exemption, date of diagnosis, and whether the condition will resolve (with timeframe, if applicable) signed by a qualified medical professional	Yes	EXMD
Tetanus (TET)	Date of one dose of vaccine or booster received within the last 10 years	Yes	1DOS
	Medical exemption including diagnosis that warrants exemption, date of diagnosis, and whether the condition will resolve (with timeframe, if applicable) signed by a qualified medical professional	Yes	EXMD



Diphtheria (DIPH)	Date of one doses of vaccine	Yes	1DOS
	Titer blood test demonstrating immunity to disease	Yes	TITR
	Previous diagnosis of disease including date of diagnosis, signed by a qualified medical professional	Yes	PRDX
	Medical exemption including diagnosis that warrants exemption, date of diagnosis, and whether the condition will resolve (with timeframe, if applicable) signed by a qualified medical professional	Yes	EXMD
Pertussis (PERT)	Date of one doses of vaccine	Yes	1DOS
	Titer blood test demonstrating immunity to disease	Yes	TITR
	Previous diagnosis of disease including date of diagnosis, signed by a qualified medical professional	Yes	PRDX
	Medical exemption including diagnosis that warrants exemption, date of diagnosis, and whether the condition will resolve (with timeframe, if applicable) signed by a qualified medical professional	Yes	EXMD
Varicella (VARI)	Dates of two doses of vaccine received 4-8 weeks apart	Yes	2DOS
	Titer blood test demonstrating immunity to disease	Yes	TITR
	Previous diagnosis of disease including date of diagnosis, signed by a qualified medical professional	Yes	PRDX
	Medical exemption including diagnosis that warrants exemption, date of diagnosis, and whether the condition will resolve (with timeframe, if applicable) signed by a qualified medical professional	Yes	EXMD

University Procedure

1. The office of student success collects information about student vaccination status and necessary supplemental documentation (if required) via the new student document packet and enters the information into the student information system (SIS) using the indicated SIS codes.

Process for Policy 9010 Student Vaccination Requirements

Established: 03/05/2019

Revision History: 08/10/2023



2. For dates including month and year, but not the day of the month, the dose date is entered as the first day of the month.
3. The office of student success places a registration hold on the account of any student who fails to provide required vaccination information as part of their new student document forms. If a registration hold is in place, a student must satisfy the relevant vaccination requirements before the hold is released.
4. The electronic documents are saved in the matriculated student file.
5. The office of institutional effectiveness reports aggregated vaccination data in accordance with the relevant statutes and regulations.

Related Policies: [Policy 9010 Student Vaccination Requirements](#)

Key Words: exposure, immunization, measles, pathogens, vaccination