COUNSELING — DENTAL — HEALTH PROMOTION — MEDICAL
SHAC
CENTER FOR STUDENT HEALTH & COUNSELING
YOUR PSU WELLNESS RESOURCE

Center for Student Health & Counseling
Portland State University
Phone: 503.725.2800
Fax: 503.725.5812
1880 SW 6th Ave. Portland UCB Suite 200
PO Box 751 Portland, OR 97207

Portland State UNIVERSITY

Measles Vaccine Requirement Form (MMR)

Contact Information

Student Name: _____ Date of birth: _____/_____/_____
Month Day Year

PSU ID#: _____ Email:_____

Measles Requirement

The Oregon State System of Higher Education requires all incoming students to show evidence of immunity to measles (Rubeola). The immunity to measles (Rubeola) is usually administered via the Measles, Mumps, and Rubella (MMR) vaccine.

All entering students born after **December 31, 1956** must have the following:

- Two vaccinations of MMR. The first vaccination must be received at least 1 year after date of birth. There must be a minimum of 28 days between the first and second vaccinations. **Please indicate the dates on which the two required doses of MMR vaccination were received***

Dose #1: _____/_____/_____ Dose #2: _____/_____/_____
Month Day Year Month Day Year

Student Signature (required): _____ Date: _____/_____/_____
(Must be hand-written signature) Month Day Year

* **No medical records or documentation are necessary**, simply submit the dates when your vaccinations were received. **If you submit documentation, it will be shredded**.

- If you do not meet the requirements outlined above, please see the reverse side regarding exemptions.

Submission Details

You may submit the completed form in either of the following way listed below.
Do not send original medical/immunization documents. This document will be shredded after input.

Mail:
Center for Student Health & Counseling
Mail Code: SHAC
P.O. Box 751, Portland, OR 97207

Fax:
Fax: 503.725.5812
Fax white paper ONLY

Email: Submit a scanned copy to: measles@pdx.edu

Questions? Submit your questions to measles@pdx.edu

Age Exemption

Initial here if you were born before 1957: _____

Medical & Non-Medical Exemptions

Individuals with medical or non-medical exemptions(s) (except a verified history of disease or blood test indicating immunity to measles (Rubeola)) are not protected against measles (Rubeola). This means that they are at risk for getting the disease. In the event of an outbreak, individuals with an exemption for measles (Rubeola) may be excluded from the University, under the direction of the student Health Services Director and/or the local Health Officer.

☐ Medical Exemption

Acceptable bases include:

- Serious allergic reactions (anaphylactic) to Gelatin, Neomycin, or other vaccines.
- Pregnancy or intent on becoming pregnant within 28 days.
- Immuno-suppression such as occurs with cancers (leukemia, lymphoma) or medications for such diseases.
- Taking high doses of cortisone-type medications for more than 2 weeks.

Note: **All medical exemptions require a physician's signature.** Individuals with HIV-positive antibodies or with leukemia in remission who have not received chemotherapy for at least three months may receive MMR vaccine.

Physician's Certifications

I certify that this individual should be exempted from the MMR vaccine requirements based on:

A. History of Measles (Rubeola): Date: _____/_____/_____
B. Measles (Rubeola) Immune Titer: Date: _____/_____/_____
C. The following medical reason: _____

Which constitutes a medical contraindication in accordance with the advisory committee on immunization practices of the U.S. Public Health Services for MMR vaccine (see above).

Physician's Signature: _____ Date: _____/_____/_____

Physician's Address: _____ Phone: _____-_____-_____

☐ Non-Medical Exemption

Under the Oregon State Immunization Law, as of March 1, 2014 those claiming a non-medical exemption are required to complete **one of the following:**

A. Video Tutorial (An online video tutorial at www.healthoregon.org/vaccineexemption)
I am adherent to a religion, the teachings of which are opposite to immunization; or I prescribe to a spiritual or philosophical belief that opposed immunization, and therefore request that I be exempt from the immunization requirement. I have watched the required video advising me about the risk factors involved in not being immunized against certain infectious diseases and the required **Certificate of Completion attached.**

Student's Signature: _____ Date: _____/_____/_____

B. Consultation with a health care provider (medical doctor [MD], osteopath [DO], registered nurse working under the direction of an MD or DO; naturopathic doctor, nurse practitioner licenses to prescribe medication, or physician's assistant).

Provider Counseling (to be completed by an approved health provider (see above).
I, _____ (provider printed name), have counseled this student on the risk factors involved in not being immunized against certain infectious diseases.

Provider's Signature: _____ Date: _____/_____/_____

Provider's Address: _____