

Measles Vaccine Requirement Form

Contact Information

Name: _____

Date of birth: ____/____/____

PSU ID #: _____

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 24 days between the first and second vaccinations. **Please indicate the dates on which the two required doses of MMR vaccination were received*:**

Dose #1: ____/____/____
Month/Day/Year

Dose #2: ____/____/____
Month/Day/Year

Student Signature (required): _____ Date: ____/____/____

***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 ways listed below. **Do not send original medical/immunization documents.** This document will be shredded after input.

Mail

Center for Student Health and 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
Downloadable forms are available at:
<http://www.pdx.edu/shac/download-forms>

Questions?

Submit questions to measles@pdx.edu, or call
503.725.2800, Opt. 1, 9am-5pm (MMR Info line)

Age Exemption

Initial here if you were born before 1957: _____

Medical and Non-Medical Exemptions

Individuals with medical or non-medical exemption(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 diseases. 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 Certification

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: Result _____ 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 Service 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) an on-line video tutorial at www.healthoregon.org/vaccineexemption; or 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 licensed to prescribe medication, or physician's assistant).

A. VIDEO TUTORIAL

I am adherent to a religion, the teachings of which are opposed to immunization; or I prescribe to a spiritual or philosophical belief that that opposes immunization, and therefore request that I be exempted 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 is attached.

Student Signature: _____

Date: ____/____/____

B. 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 Signature: _____

Date: ____/____/____

Provider Address: _____