



Warner Pacific College
 2219 SE 68th Avenue
 Portland, OR 97215
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 503.517.1540 (f)

Warner Pacific College MEASLES (RUBEOLA) IMMUNIZATION RECORD/EXEMPTION FORM

Last Name: _____ First: _____ MI: _____ ID#: _____
 Address: _____ City: _____ State: _____ Zip: _____ Country: _____
 Home Phone: (____) _____ Student's Cell Phone: (____) _____ Citizenship: _____
 Birth date: ____/____/____ Gender: Male Female Preferred e-mail: _____

FOR ALL STUDENTS BORN AFTER DECEMBER 31, 1956

Oregon State Law requires all college students taking twelve or more credit hours to show proof of receiving a **second-dose** of measles-containing vaccine. Please comply with this law before you arrive at Warner Pacific College by providing the required evidence on this form and returning it to the Health & Wellness Center.

Note: The vaccine will not be administered on campus. Students will **not** be allowed to register for classes after their first semester if they have not provided evidence of compliance on this form.

- ❖ I have had **two doses** of a measles-containing vaccine. These vaccines were on or after my first birthday and were at least 30 days apart.

Dose #1 _____
Mo/Yr

Dose #2 _____
Mo/Yr

- ❖ I have had **two doses** of a measles-containing vaccine, but do not know the date of my first measles immunization. **My second measles immunization was received during or after December 1989.**

Dose #2 _____
Mo/Yr

EXEMPTIONS FROM ABOVE REQUIREMENT

AGE EXEMPTION

_____ I was born before 1957, and therefore I am considered immune.
Initials

NON-MEDICAL EXEMPTION

_____ I am claiming a "non-medical personal exemption" and have attached the "**Vaccine Education Certificate of Completion**" form verifying that I have watched the video "Vaccine Education Module: College Measles" created by the Oregon Health Authority.

Initials

Directions: Go to: www.healthoregon.org/vaccineexemption. Click on the link For College Students: College Measles Module. This will take you to the video. Watch the video and at the end you will be able to create a certificate of completion to then sign and turn in with this form.

MEDICAL EXEMPTION

_____ I certify that the above-named student should be exempt from the requirement for the second dose of a measles-containing vaccine based on one of the following:

Initials

- ❖ History of disease Date: _____
- ❖ Immune titer shows immunity to measles Date: _____
- ❖ For the medical reason(s) listed below (which constitutes a medical contradiction in accordance with the advisory committee on immunization practices of the U.S. Public Health Services for the measles vaccine,) This is verified by the authorized medical person whose signature appears below:

Signature of Physician, Nurse Practitioner, or Health Department Official

Date

Telephone Number

Student Signature: _____ **Date:** _____

Year & Semester of Entry: 20 ____ Fall Spring Summer