



CERTIFICATION OF MEASLES IMMUNIZATION

Who must have the measles immunization?

All students registered for seven or more credit hours at Gutenberg College or individuals who participate in the Residence Program must complete this document to verify immunizations against measles (rubella).

Why is the measles immunization required?

Oregon law (ORS 433.282) requires that all college students born on or after January 1, 1957 must provide the school with evidence of two doses of measles vaccine on or after their first birthday with a minimum of 30 days between doses.

Note: If the month and year of the first dose is not available, documentation of the second dose in or after December 1996 must be provided.

Acceptable evidence of immunity may include any of the following:

1. State of Oregon vaccination record card
2. Any other state or federally issued vaccination record card
3. Photocopy of official school vaccination record
4. Statement by physician or healthcare practitioner verifying vaccinations

Please complete and return this form with evidence of immunization. Any student not providing immunization verification on this certificate by the first day of classes will not be allowed to attend classes.

Name (printed) _____ DOB _____

Signature _____ Date _____

Check One: (If you were born before January 1, 1957, you need only provide your name, birth date, and signature above.)

I have had two doses of measles immunization on or after my first birthday which were at least 30 days apart.

1st Dose Date _____ (Month/Year) 2nd Dose Date _____ (Month/Year)

I do not know the date of my first measles vaccination. I had my second dose of measles immunization on or after December 1996.

2nd Dose Date _____ (Month/Year)

Exemptions

You may request an exemption to the measles immunization for the reasons listed below. Check appropriate boxes.

My religious beliefs prohibit my use of vaccines.

Signature _____ Date _____

Medical Exemption:

I have attached a measles (rubella) titer report indicating that I am immune to measles.

I have attached a statement from my physician or healthcare practitioner verifying I have a medical reason for not receiving immunization (i.e. anaphylactic reaction to eggs, immunocompromised state, etc.)