



IMMUNIZATION FORM



Oregon law requires proof of immunization be provided for two doses of measles-containing vaccine or a religious or medical exemption be signed prior to attendance at a college or university. This information is being collected on behalf of the Oregon Department of Human Services, Immunization Program and may be released to the Department or the local Public Health Authority by the institution upon request of the Department. Please list immunizations in the order they were received.

Last Name First Name Middle Initial Birthdate Telephone Number

Mailing Address City State Zip Code Alternate Contact Number

Measles-containing Vaccines		DOSE 1 (mm/yyyy)	DOSE 2 (mm/yyyy)
	Measles/Mumps/Rubella (MMR)		
	Measles vaccine only		
	MMR No Date for Dose 1, Dose 2 received after December 1989 (& born after 01/01/1957)		

Age exemption for measles

Please indicate your date of birth, if born before 1957:

Month /Day /Year

EXEMPTIONS: Please initial one of the following to claim exempt.

_____ My measles (rubella) titer report is attached, indicating I am immune to measles.

_____ A signed physician statement is attached, indicating I had the measles (rubella) and the date of infection.

_____ A signed physician statement is attached, verifying I have a medical reason for not receiving the immunization.

_____ My religious beliefs prohibit my use of the immunizations.*

**By claiming religious exemption, you are agreeing to complete the College Measles Module and attach obtained certification to this form which can be found through the following link:*

<http://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/GettingImmunized/Pages/non-medical-exemption.aspx#college>

Signature

Date