

Name _____ Student ID _____ Date _____ Degree Program _____

The State of Oregon requires proof of measles (Rubella) immunity for all college and graduate school students born on or after January 1, 1957. To comply with Oregon law (OAR 333-050-0130), you are required to show proof of receiving two (2) doses of measles-containing vaccine. Medical Exemptions must be completed and signed by a health care provider. Non-Medical exemptions must be dated and signed by the student. Students claiming an exemption may be excluded from school for 14 days (incubation period) if exposure to a measles case occurs. RISKS OF NON-IMMUNIZATION are outlined at healthoregon.org/vaccineexemption. It is important that you complete all necessary information below. Once this form is complete, and you have a copy of all your physician official documentation you must supply all documentation to Western Seminary.

SEND COMPLETED DOCUMENTATION TO:

Portland counseling students (MMR, Hep B, Varicella & Tdap)

Kendra Huntington
khuntington@westernseminary.edu

Portland non-counseling students (MMR only)

Student Services
studentservices@westernseminary.edu

Required for all Portland students		
Ways to meet requirement (check one)	Notes about the immunization	
MMR (Measles/ Mumps/Rubella) or measles vaccination	Option 1: Received 2 measles immunizations: Please read notes to the right 1st dose: ____/____/____ Mo. Day Year 2nd dose: ____/____/____ Mo. Day Year	Requires a document from a health care provider with health provider's name, facility name, patient's name, dates of immunizations. Students born on or after January 1, 1957 must have two doses of the measles vaccine/MMR on or after their first birthday. There should be a minimum of 30 days between doses.
	Option 2: Age Exemption	Acceptable only if born before January 1, 1957.
	Option 3: Medical Exemption Please read notes to the right	A written statement of medical exemption signed by a physician or authorized representative of the local health department and approved by an authorized representative of the local health department.
	Option 4: Non-medical Exemption Please read notes to the right	In order to obtain an exemption from the immunization requirement, please complete one of the following options: Complete the informational online training and submit a signed certificate with this form. Please go to healthoregon.org/vaccineexemption for the online training. Submit a signed document from a health care provider with provider's name, facility name, and patient's name stating that the student has been warned about the risks of non-immunization.
	Option 5: Blood test (seriological immunity) please read the notes to the right	Immunity documentation for Measles, Mumps or Rubella vaccination due to a disease history may be certified by a physician or an authorized representative of the local health department for a child who has immunity based on a health care practitioner's diagnosis. Immunity documentation for Measles, Mumps or Rubella vaccination due to a documented immune titer may be certified by a physician or an authorized representative of the local health department.
	Option 6: One Dose previously Please read notes to the right	If you were born before 1984 with no valid date for a first dose, but have appropriate documentation for a second dose in or after December 1989. Requires a document from a health care provider with health provider's name, facility name, patient's name, dates of immunizations..

Required for Counseling Students Only		
	Ways to meet requirement (check one)	Notes about the immunization
Hepatitis B	Received series of immunizations: Please read notes to the right 1st dose: ____/____/____ Mo. Day Year 2nd dose: ____/____/____ Mo. Day Year	Proof requires a document from a health care provider with health provider's name, facility name, patient's name, dates of immunizations.
Varicella (Chick-enpox)	Option 1: Dose: ____/____/____ Mo. Day Year	Proof requires lab documentation with health provider's name, facility name, patient's name, dates of immunizations.
	Option 2: Had blood titer drawn: Date: ____/____/____ Mo. Day Year Negative Positive	In compliance with the CDC's recommendation (June 2007), students who have not had the disease must receive two Varicella immunizations.
Tuberculosis (TB)	Received Tuberculin Skin Test (TST) Date: ____/____/____ Mo. Day Year Negative Positive	Proof requires a document from a health care provider with health provider's name, facility name, patient's name, dates of immunizations. If you have a positive TST result, you must submit documentation that a health care provider has completed a review of your current health and a negative chest x-ray. A QuantiFERON-TB Gold Test will be accepted in place of a TST skin test.
Tetanus/Diphtheria/ Pertussis (Tdap)	Received Tdap immunization on: Date: ____/____/____ Mo. Day Year	Proof requires a document from a health care provider with health provider's name, facility name, patient's name, dates of immunizations. Must be within the last 10 years.
Recommended for Counseling Students		
Influenza (Flu Shot)	Most recently received flu shot: Date: ____/____/____ Mo. Day Year	
Poliomyelitis (Polio)	Received polio immunization on: Date: ____/____/____ Mo. Day Year Inactivated vaccine (shot) Oral vaccine	

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Western Seminary Staff Signature _____ Date _____