



Immunization Worksheet Portland Campus Only

Name _____ Student ID _____

Instructions: 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.

| Required For <u>ALL</u> Students: | Ways to Meet the Requirement: <i>(Please check one for each immunization)</i> | Notes About the Immunization: |
|--|---|---|
| MMR (Measles/Mumps/Rubella) | <input type="checkbox"/> Received 2 measles immunizations: <i>(Please read notes to the right)</i> 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. Students born on or after January 1, 1957 must have two doses of the measles vaccine – OR – two doses of the MMR vaccine on or after their first birthday. There should be a minimum of 30 days between doses. If you have received one measles and one MMR injection, you must get one more injection of either the measles vaccine or the MMR vaccine. |
| | <input type="checkbox"/> Received 2 MMR immunizations: 1st dose: ____/____/____ Mo. Day Year 2nd dose: ____/____/____ Mo. Day Year | |
| | <input type="checkbox"/> Age Exemption | Acceptable only if born before January 1, 1957. |
| Required For <u>MAC</u> Students: | | |
| Hepatitis B | <input type="checkbox"/> Received series of immunizations <i>(Please read notes to the right)</i> 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 (Chickenpox) | <input type="checkbox"/> Dose: ____/____/____ Mo. Day Year | Proof requires lab documentation with health provider's name, facility name, patient's name, dates of immunizations. In compliance with the CDC's recommendation (June 2007), students who have not had the disease must receive two Varicella immunizations. |
| | <input type="checkbox"/> Had blood titer drawn: Date: ____/____/____ Mo. Day Year <input type="checkbox"/> Negative <input type="checkbox"/> Positive | |

| Required For <u>MAC</u> Students cont: | Ways to Meet the Requirement: <i>(Please check one for each immunization)</i> | Notes About the Immunization: |
|---|--|---|
| Tuberculosis (TB) | <input type="checkbox"/> Received Tuberculin Skin Test (TST) Test given: ____/____/____ Mo. Day Year <input type="checkbox"/> Negative <input type="checkbox"/> 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) | <input type="checkbox"/> Received Tdap immunization on: ____/____/____ 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 <u>MAC</u> Students: | | |
| Influenza (Flu Shot) | <input type="checkbox"/> Most recently received flu shot: Date: ____/____/____ Mo. Day Year | |
| Poliomyelitis (Polio) | <input type="checkbox"/> Received polio immunization on: Date: ____/____/____ Mo. Day Year <input type="checkbox"/> Inactivated vaccine (Shot) <input type="checkbox"/> Oral vaccine | |

It is important for you to maintain your own personal health record. Keep a copy of all documentation for your records.

Immunization requirement: Exemption

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.

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OFFICE USE ONLY

Western Seminary Staff Signature _____

Date _____