

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](http://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 FORM AND DOCUMENTATION TO:**

For counseling students

Kendra Huntington

khuntington@westernseminary.edu

All other programs

Student Services

student.services@westernseminary.edu

(503) 517-1801

| Required for All Students                           |  |   |
|---|--|---|
|   | Ways to meet requirement (check one)   | Notes about the immunization  |
| MMR (Measles/ Mumps/Rubella) or measles vaccination | Option 1:<br>Received 2 measles immunizations:<br>Please read notes to the right<br>1st dose: ____/____/____<br>Mo. Day Year<br>2nd dose: ____/____/____<br>Mo. Day Year | Requires a document from a health care provider with health provider's name, facility name, patient's name, dates of immunizations.<br>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:<br>Age Exemption   | Acceptable only if born before January 1, 1957.   |
|   | Option 3:<br>Medical Exemption<br>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:<br>Non-medical Exemption<br>Please read notes to the right   | In order to obtain an exemption from the immunization requirement, please complete one of the following options:<br>Complete the informational online training and submit a signed certificate with this form. Please go to <a href="http://healthoregon.org/vaccineexemption">healthoregon.org/vaccineexemption</a> for the online training.<br>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:<br>Blood test (seriological immunity)<br>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:<br>One Dose previously<br>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:<br>Please read notes to the right<br>1st dose: ____/____/____<br>Mo. Day Year<br>2nd dose: ____/____/____<br>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:<br>Dose: ____/____/____<br>Mo. Day Year   | Proof requires lab documentation with health provider's name, facility name, patient's name, dates of immunizations.  |
|   | Option 2:<br>Had blood titer drawn:<br>Date: ____/____/____<br>Mo. Day Year<br>Negative<br>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)<br>Date: ____/____/____<br>Mo. Day Year<br>Negative<br>Positive   | Proof requires a document from a health care provider with health provider's name, facility name, patient's name, dates of immunizations.<br>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.<br>A QuantiFERON-TB Gold Test will be accepted in place of a TST skin test. |
| Tetanus/Diphtheria/<br>Pertussis (Tdap) | Received Tdap immunization on:<br>Date: ____/____/____<br>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.<br>Must be within the last 10 years.  |
| Recommended for Counseling Students     |   |   |
| Influenza (Flu Shot)                    | Most recently received flu shot:<br>Date: ____/____/____<br>Mo. Day Year  |   |
| Poliomyelitis (Polio)                   | Received polio immunization on:<br>Date: ____/____/____<br>Mo. Day Year<br>Inactivated vaccine (shot)<br>Oral vaccine                                       |   |

OFFICE USE ONLY

Western Seminary Staff Signature \_\_\_\_\_ Date \_\_\_\_\_