Measles and Mumps Vaccine Requirement

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<th>Last Name</th>
<th>First</th>
<th>Middle Initial</th>
<th>PSU I.D. (Required)</th>
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<tr>
<th>Street Address</th>
<th>Date of Birth (Required)</th>
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<th>City, State, and Zip Code</th>
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The Oregon State System of Higher Education requires all incoming students to show evidence of immunity to measles (Rubeola) and mumps. Many students have only received one dose of Measles, Mumps, and Rubella vaccine (MMR), and therefore a booster dose of MMR vaccine must be obtained.

If the information submitted by a student regarding MMR vaccinations is incomplete, a hold will be placed on future terms of registration at PSU.

All entering students born after 1956 must have at least one of the following:

- Prior to December of 1989, two vaccinations of MMR on or after their first birthday, with a minimum of 30 days between the first and second dose.
- After December 1989, one vaccination of MMR.
- Show evidence of immunity to measles (Rubeola) and mumps.
- Physician’s signature certifying prior measles (Rubeola) and mumps.

Please indicate your vaccination status below:

MMR Vaccine Received: ___________________________/__________

Month/Year

Please submit completed form to:
Center for Student Health and Counseling
P.O. Box 751
Portland, OR 97207

Do not send original health care/immunization documents with this form. Send copies.

If you have any questions regarding this requirement, contact the Center for Student Health and Counseling at 503-725-2800

**SEE OTHER SIDE REGARDING EXEMPTIONS**
EXEMPTIONS

Age Exemption:
Please initial if born before 1957: ___________________

Initial

Medical and Religious Exemptions
Individuals with religious or medical exemption(s) (except a verified history of disease or blood test indicating immunity to Rubeola and Mumps) are not protected against measles and mumps. This means that they are at risk for getting the diseases. In the event of an outbreak, individuals with a religious or medical exemption for measles and mumps may be excluded from the University, under the direction of the Student Health Service Director and/or the local Health Officer.

Medical Exemption:
Acceptable bases include:
• Serious allergic reactions (anaphylactic) to eggs, Neomycin or other vaccines.
• Pregnancy or intent on becoming pregnant within 28 days.
• Immunosuppression such as occurs with cancers (leukemia, lymphoma) or medications for such diseases.
• Taking high doses of cortisone-type medications for more than 2 weeks.

Note: All medical exemptions require a physician’s signature.

Individuals with HIV-positive antibodies or with leukemia in remission who have not received chemotherapy for at least three months may receive MMR vaccine.

Certification
I certify that this individual should be exempted from the MMR vaccine requirements based on:

A. History of disease (provide year): Rubeola _____  Mumps _____

B. Immune Titers:  
Rubeola  Result _____  Date _____
Mumps  Result _____  Date _____

C. The following medical reason: ________________________________
Which constitutes a medical contraindication in accordance with the advisory committee on immunization practices of the U.S. Public Health Service for MMR vaccine (see above).

Physician’s Signature: _____________________________  Date: ___/___/____
Address: ________________________________  Phone: (__) ____-_____

Religious Exemption:
I have read and understand the above information. I am adherent to a religion, the teachings of which are opposed to immunization, and therefore request that I be exempted from the immunization requirement.

Signature: _____________________________  Date: _______