MMR IMMUNIZATION VERFICATION

YOU WILL NOT BE ALLOWED TO COMPLETE YOUR REGISTRATION OR ATTEND CLASSES IF DOCUMENTATION IS NOT RECEIVED. All information disclosed on this form will be kept confidential and will be shared with appropriate university personnel on a need-to know basis only.

Eastern Oregon University | Student Health Center
One University Blvd., La Grande, Oregon 97850
Phone: 541-962-3524 Fax: 541-962-3825

Last name: _____ First: _____ MI: ____ Date of birth: _____

Student ID#: _____ Country of Birth: _____

Mailing address (home): _____ City: _____

State: _____ Zip: _____ Home phone: _____ Cell phone: _____

RQUIRED VACCINES: Each student born on or after January 1, 1957 must have two doses of MMR (measles) vaccine:
> MMR (Rubeola / Hard Measles) Date of 1st dose: ___/___/___ Date of 2nd dose: ___/___/___

Two doses (documented by month and year of each dose) on or after the first birthday, with a minimum of 30 days between the doses; or
No available documentation opf the month and year of the first dose but documentation of the month and year of the second dose on or after December, 1989.

ATTACH DOCUMENTATION – Documentation of MMR (measles) vaccination is required. Accepted documentation (copies are acceptable) must be attached:

- Doctor's office or medical clinic records
- Public Health Department records
- Serological Confirmation of Immunity: Lab test (titer) for Measles may be substituted as proof of immunity in lieu of vaccinations. Copies of lab work must be attached.
- Personal immunization card which is signed by clinic staff
- Your high school or previous college immunization records

If the information regarding MMR vaccinations is incomplete or insufficient, a hold will be placed on future terms of registration
EOU Student Health has this vaccination available if you need it to complete your records. Lab testing is also available for titers.

International students must have documented measles vaccinations on file at the EOU Student Health Center PRIOR to the students attending any classes. Documentation must be written in English.
Domestic students must have documented measles vaccinations on file at the EOU Student Health Center PRIOR to registering for the second term of classes.

Exemptions for two-dose measles vaccines:

_____ **OFF-CAMPUS LEARNER EXEMPTION:** I am a distance learner, enrolled ONLY in online courses, therefore I am exempt.
_____ **AGE EXEMPTION:** I was born before January 1, 1957 and am therefore considered immune.

Signature is required medical and non-medical exemptions.
_____ **MEDICAL EXEMPTION:** I certify the above-named student should be exempted from the requirements for the measles vaccine based on:

> History of measles disease (month/year) _____
> The following medical reason, _____, constitutes a medical contraindication in accordance with the advisory committee on immunization practices of the U.S. Public Health Service for measles vaccine.

_____ **NON-MEDICAL EXEMPTION REQUEST:** I have consulted with the above-named student and explained the risks and benefits of immunization but they remain opposed to immunization.

SIGNATURE OF HEALTH CARE PRACTITIONER _____ Date _____

PRINTED NAME & TITLE OF HEALTH CARE PRACTITIONER _____

I have read and under the information on this form. I have met with my health care practitioner and have discussed the risks and benefits of immunization.
STUDENT SIGNATURE _____ Date _____

This form must be on file with the EOU Student Health Center. Please complete and return to EOU Student Health Center.
Visit our website at **www.eou.edu/health** for services provided by EOU Student Health Center. For questions, please call 541-962-3524.

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