PACIFIC UNIVERSITY 1849 OREGON

Immunization Record for International Students

Oregon law requires all students born after December 31, 1956 to have **two** doses of a measles vaccine currently given as an MMR (Measles, Mumps, Rubella) and a TB (Tuberculosis) Skin Test before entering Pacific University. You may not be permitted to register for classes if you do not provide the required information on this form to the Student Health Office.

Student Section

Last Name(s)	First Name(s)	Middle Name(s)	Date of Birth (Month/Day/Year)

Signature: _____ Date: _____

MMR Immunization (Complete Section A or Section B)

An Oregon law requires students born after 1956 to have 2 doses of the measles vaccine. To meet this requirement you must either meet one of the conditions in section A or meet one of the exemption options in section B.

Section A

- ❑ I have had two doses of measles-containing vaccine on or after my first birthday which were at least 30 days apart.

  1st dose date _____ month/year

  2nd dose date _____ month/year

- ❑ I had, but do not know the date of my first measles immunization, but I had my second measles immunization on or after December 1989.

  2nd dose date _____ month/year

Section B (Exemptions to measles requirement)

- ❑ My birth date is before January 1, 1957.
- ❑ My measles (rubeola) titer report is attached and indicates that I am immune to measles.
- ❑ A signed physician/nurse practitioner/physician assistant statement is attached verifying I have had a medical reason for not receiving the immunization (i.e. anaphylactic reactions to eggs, or immunocompromised state, etc.).
- ❑ My religious beliefs prohibit my use of the immunization. I understand that I am not protected from the disease and am at risk for contracting measles if exposed. In the event of an outbreak, I understand that I may be excluded from the University under the direction of the local health officer or the Student Health Director.

Student Signature for Measles Exemption:

_____ _____
Signature Date

TB (Tuberculosis) Skin Test

TB skin test within 1 year prior to entering Pacific University	Date: _____ Result: (check one) ❒ Positive ❒ Negative Medical Provider's Signature: _____
If skin test is positive chest X-Ray is required:	Date of X-Ray: _____ Result: _____ Medical Provider's Signature: _____ (Please include copy of written X-Ray result report in English.)

Please return this form to:

Pacific University
Student Health Center
2043 College Way
Forest Grove, OR 97116
USA