

## Pacific University Required Immunization Record

### THE STATE OF OREGON REQUIRED INFORMATION ON THE MMR IMMUNIZATION MUST BE ON FILE BEFORE REGISTRATION AND ATTENDANCE

Name (print) \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_

**Please check your program:**

<input type="checkbox"/>	College of Arts & Sciences/Undergrad	<input type="checkbox"/>	School of Professional Psychology
<input type="checkbox"/>	College of Education/MAT/FLEX	<input type="checkbox"/>	International Program/English Language Inst.

### The Measles Vaccine is Required Prior to Registration and Attendance of Class

In 1991-92, the Oregon Legislature passed a law which requires all full time college students born after 1956 to have 2 doses of the measles vaccine (now commonly given as an MMR). To meet this requirement **you must complete the following information and provide documentation** from a health care provider or meet one of the exemption options.

1. MMR (Measles/Mumps/Rubella) required vaccine:

**Please check ONE box and provide the information requested with documentation:**

- I have had two doses of measles-containing vaccine on or after my first birthday at least 28 days apart.  
**1st MMR Vaccine.** Month/Day/Year \_\_\_\_\_ (Must be received **after** first birthday).  
**2nd MMR Vaccine.** Month/Day/Year \_\_\_\_\_ (2<sup>nd</sup> dose must be at least 28 days after 1<sup>st</sup> dose)
- If you were born before December 31, 1984 you may mark this option:  
 I had, but do not know the date of my first measles immunization, but I had my second measles immunization **in or after December 1984.** 2<sup>nd</sup> dose date Month/Year \_\_\_\_\_
- My birth date is before January 1, 1957.
- My measles (**rubeola**) titer blood test report is attached and indicates I am immune to measles.

**Exemptions to MMR Requirement:**

I meet one of the following exemptions and thus do not need the MMR immunization:

(Check ONE)

\_\_\_\_\_ A signed physician/nurse practitioner/physician assistant statement is attached verifying I have had a medical reason for not receiving the measles immunization (i.e. anaphylactic reactions to eggs, or immunocompromised state, etc.).

\_\_\_\_\_ I am an adherent to a religion the teachings of which are opposed to immunization and I request that I be exempted from this required immunization.

I understand that I may be exposed to the measles, mumps or rubella virus, and despite this risk, I decline the MMR vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring measles, mumps or rubella. In the event of an outbreak, I understand I may be excluded from the university under the direction of the local health officer or the Student Health Center Director. I also agree to defend, indemnify, and release the university from any and all claims resulting from my failure to receive the MMR vaccine.

Student Signature for MMR Exemption: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return this form before registration in the envelope provided or to: Pacific University, Student Health Center, 2043 College Way, Forest Grove, OR 97116. If you have any questions, please call the Student Health Center at (503) 352-2269. Our fax # is 503-352-3105.**

PACIFIC UNIVERSITY HEALTH HISTORY FORM
Must be on file in the Student Health Center prior to registration

Please check your program:

Table with 2 columns and 2 rows for program selection. Columns: College of Arts & Sciences/Undergrad, School of Professional Psychology, College of Education/MAT/FLEX, International Program/English Language Institute.

Confidential Health Report Information: Health report information is protected and confidential and is not part of your University or Program educational record.

Name (Please print clearly) Last First Middle DOB:

SS # Permanent Address City State Zip Phone # Cell # Male/Female (circle one) Marital Status # of Children

Person to be notified in an emergency Relationship Phone # Address City State Zip

Medications: List any medicines you take regularly, including over the counter medications/supplements

Allergies: Are you allergic to any medicines or latex? Yes No If yes, please list

Ongoing medical or psychiatric/emotional problems:

Personal Medical History

Please check any current or past medical problems listed below.

- List of medical conditions with checkboxes: Allergies, Cardiovascular/heart disease, Blood clots/phlebitis, High BP/cholesterol, Diabetes, Anemia or other blood disorder, Sexually transmitted disease, Asthma/hay fever, Pneumonia, Tuberculosis, Depression/Anxiety, Eating Disorders, Suicide attempt, Meningitis, Recurrent tonsillitis, Mononucleosis, Rheumatic fever, Thyroid disorder/problems, Kidney disease, Hepatitis, Gallbladder, Seizure disorder, Dizziness/fainting, Migraine Headaches, Arthritis, Ulcer, Skin Problems, Chicken pox.

Hospitalizations/Surgeries (Date & Description)

Personal Habits

Do you use tobacco? Yes No Smoke Chew If yes, how much? Do you drink alcohol? Yes No If so, how much? Have you ever used street drugs? Yes No If yes, what type and how much?

Family Medical History

Please mark the following if there is a history in your immediate blood relatives, e.g. parents, siblings or grandparents.

Table for Family Medical History with columns for Yes/No and Relationship for various conditions like Breast Cancer, Colon Cancer, Cardiovascular Disease, High BP/Cholesterol, Stroke/Heart Attack, Diabetes, Bleeding Disorder, Seizure Disorder, Asthma, Depression/Anxiety, Suicide, Other Mental Health Problems, Alcoholism.

Please return your completed form in the enclosed Health Report envelope to Student Health Services, 2043 College Way, Forest Grove, OR 97116. Phone: (503) 352-2269 or fax to 503-352-3105.

Health Center Office Use/Reviewed Date & Provider:

## Pacific University Recommended Immunization Record

Please check your program:

<input type="checkbox"/>	College of Arts & Sciences/Undergrad	<input type="checkbox"/>	School of Professional Psychology
<input type="checkbox"/>	College of Education/MAT/FLEX	<input type="checkbox"/>	International Program/English Language Institute

Name (print) \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

### Recommended Immunizations:

Not required by the University but recommended by the Centers for Disease Control (CDC) for college students living in campus housing:

- TB skin test** within 1 year prior to entering Pacific University. Date: \_\_\_\_\_  
Please mark **one** of the following:  Positive  Negative  
If skin test is positive: Chest X-ray. Date: \_\_\_\_\_ Result \_\_\_\_\_
- Tetanus-Diphtheria (Td) received within last 10 years:** Date: \_\_\_\_\_  
**or Tdap** (with Pertussis) The CDC recommends one dose as an adult Date: \_\_\_\_\_
- Hepatitis B** (Series of 3 vaccines). Dates: Dose #1 \_\_\_\_\_ Dose #2 \_\_\_\_\_ Dose #3 \_\_\_\_\_
- Varicella/Chicken Pox** (Series of 2 vaccines): Dates: Dose #1 \_\_\_\_\_ Dose #2 \_\_\_\_\_  
(\*Vaccine only recommended if you have NOT had chicken pox virus)
- Meningococcal Vaccine:** Date of Vaccine: \_\_\_\_\_
- HPV Vaccine (for females):** Dates: Dose #1 \_\_\_\_\_ Dose #2 \_\_\_\_\_ Dose #3 \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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