PACIFIC UNIVERSITY 1849 OREGON

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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). You are also required to have a TB (Tuberculosis) Skin Test before entering Pacific University. You will not be permitted to register for classes if you do not provide the required information on this form.

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. The first dose must have been given after the first birthday. The second dose must be at least 30 days after my first dose.

  1st dose date _____
  month/year

  2nd dose date _____
  month/year

_____ _____
Medical Provider's Signature Date
(Please include documentation of dates in English)

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 to International Programs Office at Address Listed at Top of Form