



**Required Immunization Information**  
**Due one week prior to start of academic year**

**Return forms in envelope provided, mail or fax to:**  
 Student Health Services  
 2043 College Way, Forest Grove, OR 97116  
 Fax: 503-352-3105 Phone: 503-352-2269

**Name:** \_\_\_\_\_

**Print (last, first, middle initial)**

**Birth date (mo/day/yr)**

**Signature**

**Please indicate (✓) your program:**

<input type="checkbox"/> College of Arts & Sciences Undergraduate	<input type="checkbox"/> Healthcare Compliance, Online Programs
<input type="checkbox"/> College of Business/Finance	<input type="checkbox"/> Master of Fine Arts/Writing
<input type="checkbox"/> College of Education	<input type="checkbox"/> Master of Social Work

✓ **Complete and submit the following information OR provide a copy of your immunization documentation. Documentation may be obtained from your family physician or provider, last high school or college attended, military records or your parents records**

**Required MMR (Measles, Mumps, Rubella) Immunization:** In accordance with the Oregon State Health division, two doses of measles (rubeola) vaccine commonly given as an MMR are required of all entering students born on or after January 1, 1957.

**Students who do not complete this form will experience a registration hold.**

**Section A**

I have had two doses of measles vaccine on or **after** my first birthday and at least 28 days apart.

1<sup>st</sup> dose date \_\_\_\_\_ Usually given between 12 – 18 months of age  
 (Month/Day/Year)

2<sup>nd</sup> dose date \_\_\_\_\_ Usually given at 5 years of age  
 (Month/Day/Year)

**Section B (Exemptions to measles requirement)**

- My birth date is before January 1, 1957.
- My measles (**rubeola**) titer (blood test) 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 non-medical exemption certificate is attached. A non-medical exemption certificate can be obtained by reviewing the vaccine education module at [www.healthoregon.org/vaccineexemption](http://www.healthoregon.org/vaccineexemption) and submitting proof of completion certificate.

By signing below, I understand that if I have not received the measles vaccine I am at risk of acquiring the measles virus. In the event of a measles 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 measles vaccine.

**Student Signature for Measles Exemption:**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Recommended Immunizations by the CDC (Centers for Disease Control & Prevention):**

All vaccines available at Student Health Center (except Varicella & Meningococcal)

- Meningococcal Vaccine** Date of Vaccine: \_\_\_\_\_  
 (One dose on or after 16<sup>th</sup> birthday highly recommended for first-year college students up through age 21 years)
- Tetanus-Diphtheria-Pertussis (Tdap) received within last 10 years:** Date of Vaccine: \_\_\_\_\_
- Varicella Vaccine** (Chickenpox) \* Series: Dates: Dose #1 \_\_\_\_\_ Dose #2 \_\_\_\_\_  
 (\*Varicella Vaccine is only recommended if you have NOT had chicken pox virus)
- Hepatitis A Series:** Dose #1 \_\_\_\_\_ Dose #2 \_\_\_\_\_
- Hepatitis B Series:** Dose #1 \_\_\_\_\_ Dose #2 \_\_\_\_\_ Dose#3 \_\_\_\_\_
- Human PapillomaVirus (HPV) Vaccine 3 doses through age 26:**  
 Dose #1 \_\_\_\_\_ Dose #2 \_\_\_\_\_ Dose#3 \_\_\_\_\_
- TB Skin test/Tuberculosis Screening** within 6 months prior of entering Pacific University.  
 Please mark one of the following  Positive  Negative Date: \_\_\_\_\_  
 If skin test is positive: Chest X-ray. Date: \_\_\_\_\_ Result \_\_\_\_\_