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:

☐ College of Arts & Sciences Undergraduate  Health Care Compliance, Online Programs
☐ College of Business/Finance  Master of Fine Arts/Writing
☐ College of Education  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.

1st dose date ____________________ Usually given between 12 – 18 months of age
(Month/Day/Year)

2nd 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 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 16th birthday highly recommended for first-year college students up through age 21 years)

☐ Tetanus-Diptheria-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 ____________________

Revised 2/2016