Immunization Information (page 1 of 2)
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             | Healthcare 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 and 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 IMMUNIZATIONS:

**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.
  - Dose #1 ____________________ Usually given between 12 – 18 months of age
    (Month/Day/Year)
  - Dose #2 ____________________ 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 ______________

(over)

3/17/2017
Name: ____________________________  ______/______/______
Print (last, first, middle initial)       Birth date (mo/day/yr)

RECOMMENDED IMMUNIZATIONS BY THE CDC (CENTER FOR DISEASE CONTROL & PREVENTION):
Please list dates of vaccines below and submit with copy of documentation.
All vaccines available at Student Health Center (except Varicella & Meningococcal).

☐ Tetanus-Diptheria-Pertussis (Tdap) received within last 10 years:
   Date of Vaccine: ______________________

☐ Varicella (Chickenpox) Vaccine * Series:
   Dose #1 _____________
   Dose #2 _____________
   (*Varicella Vaccine is only recommended if you have NOT had chicken pox virus)
   ___ Check if you have had Varicella disease

☐ Hepatitis A Series:
   Dose #1 _____________
   Dose #2 _____________

☐ Hepatitis B Series:
   Dose #1 _____________
   Dose #2 _____________
   Dose #3 _____________

☐ Human Papilloma Virus (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 ___________________

☐ Meningococcal Vaccine *
   Meningococcal conjugate (ACWY)    Meningococcal Serogroup B (circle one)
   Dose #1 _____________    Bexsero 2 dose series  OR  Trumenba 3 dose series
   Dose #2 _____________    Dose #1 _____________
   Booster after age 16     Dose #2 _____________
   Dose #3 _____________    Dose #3 _____________

*There are two types of meningococcal vaccines. All 11 to 12 year olds should be vaccinated with a meningococcal conjugate vaccine (Menactra® or Menveo®), with a booster dose given at 16 years old. This covers most of the meningococcal disease in the world, types A, C, W, and Y. It may also be recommended that young adults (16 through 23 year olds) be vaccinated with a Serogroup B meningitis vaccine if they are in a population identified to be at increased risk. Other Oregon college campuses over the last several years had such an outbreak of this type. The Serogroup B vaccines are 2 or 3 dose series depending on brand (Bexsero® or Trumenba®).

3/17/2017