

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 Undergraduate	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



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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-Diphtheria-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 TB Skin test/Tuberculosis Screening is positive:
Quantiferon Gold Testing Positive Negative Date: _____
or
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 _____
 Dose #2 _____
 Dose #3 _____

*There are two vaccines protecting against different strains of meningococcal bacteria: ACWY and B. If you get one, it doesn't protect against the other. There have been several outbreaks of Meningococcal B in Oregon Colleges over the last few years (but not at Pacific University). All College Students should be vaccinated for Meningococcal ACWY. Check with a health care provider to see if you should get the Meningococcal B vaccine.

Yearly Influenza Vaccine recommended and is available in October at Student Health Center, cost \$25.

In compliance with Oregon Law 274 we are providing you with information on vaccine preventable diseases known to occur in individuals 16-21 year of age. Please review at www.pacificu.edu/VaccineInfo.