

# Measles Vaccine Requirement

\_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE INITIAL

\_\_\_\_\_  
PSU I.D. (REQUIRED)

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
CITY, STATE, AND ZIP CODE

\_\_\_\_\_  
SIGNATURE

The Oregon University System requires all incoming students to show evidence of measles immunity. It is common that most students have only received one dose of measles (Rubeola) vaccine, and therefore a booster dose of Rubeola measles-containing vaccine must be obtained.

**If information submitted by a student regarding measles vaccinations is incomplete, a hold will be placed on future terms of registration at PSU.**

All entering students born after 1956 must have at least one of the following:

- \*Prior to December of 1989, two vaccinations containing any combination of measles (Rubeola) vaccine on or after their first birthday, with a minimum of 30 days between the first and second dose.
- \*After December 1989, one vaccination containing any combination of measles vaccine.
- \*Show evidence of immunity to Rubeola by immune titer test.
- \*Physician's signature certifying prior Rubeola disease.

**Please indicate your vaccination status below:**

Must contain measles (Rubeola vaccine),  
but can be in combination with mumps or  
rubella.

\_\_\_\_\_  
Month/Year

\_\_\_\_\_  
Month/Year

## EXEMPTIONS

### AGE EXEMPTION:

Please indicate your date of birth, if born before 1957: \_\_\_\_\_

Month / Day / Year

Please submit form to the Center for Student Health and Counseling  
PO Box 751, Portland, OR 97207

\*\*\*SEE OTHER SIDE\*\*\*

Individuals with religious or medical exemption(s) (except a verified history of disease or blood test indicating immunity to **Rubeola**) are not protected against measles (Rubeola). This means that they are at risk for getting the disease. **In the event of an outbreak, individuals with a religious or medical exemption for measles may be excluded from the University, under the direction of the Student Health Service Director and/or the local Health Officer.**

**MEDICAL EXEMPTION:**

Acceptable bases include:

- \*Serious allergic reactions (anaphylactic) to eggs, Neomycin or other vaccines
- \*Pregnancy or intent on becoming pregnant within 28 days
- \*Immunosuppression such as occurs with cancers (leukemia, lymphoma) or medications for such diseases
- \*Taking high doses of cortisone-type medications for more than two weeks

**All medical exemptions require a physician's signature to acceptably comply.**

Individuals with HIV-positive antibodies or with leukemia in remission who have not received chemotherapy for at least three months may receive the measles vaccine.

**CERTIFICATION**

I certify that this individual should be exempted from the requirements for the measles (**Rubeola**) vaccine based on:

A. History of Disease \_\_\_\_\_  
Month/Year

B. **Rubeola** Immune Titer Result \_\_\_\_\_ Date \_\_\_\_\_

C. The following medical reason \_\_\_\_\_  
which constitutes a medical contraindication in accordance with the advisory committee on immunization practices of the U.S. Public Health Service for measles (**Rubeola**) vaccine (see above).

**Physician's Signature:** \_\_\_\_\_  
Date

\_\_\_\_\_  
Address Phone

**RELIGIOUS EXEMPTION:**

I have read and understand the above information. I am adherent to a religion, the teachings of which are opposed to immunization, and therefore request that I be exempted from the immunization requirement.

\_\_\_\_\_  
Signature Date

**If you have any questions regarding this requirement,  
contact the Student Health Service, 503-725-2800**