



Portland State
UNIVERSITY

Domestic Students

Measles and Mumps Vaccine Requirement

<hr/>			<hr/>
Last Name	First Name	M.I.	PSU ID (Required)
<hr/>			<hr/>
Street Address			Date of Birth (Required)
<hr/>			<hr/>
City, State, Zip Code			Signature (Required)
<hr/>			<hr/>

The Oregon State System of Higher Education requires all incoming students to show evidence of immunity to measles (Rubeola) and mumps. Many students have only received one dose of Measles, Mumps, and Rubella vaccine (MMR), and therefore a booster dose of MMR vaccine must be obtained.

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

- **Two vaccinations** of MMR. The first vaccination must have been received on or after the first birthday. There must be a minimum of 30 days between the first and second dose.
- Physician's signature certifying evidence of immunity to measles (Rubeola) and mumps (see reverse).
- Physician's signature certifying prior measles (Rubeola) and mumps (see reverse).

If the information submitted regarding MMR vaccinations is incomplete or insufficient, a hold will be placed on future terms of registration at PSU.

Please indicate the dates on which the two required doses of MMR vaccination were received:

Dose #1:	<hr/>	Dose #2:	<hr/>
	Month/Day/Year		Month/Day/Year

Please submit completed form to:

Center for Student Health and Counseling
Mailcode: SHAC
P.O. Box 751
Portland, OR 97207
Fax: 503-725-5812 (Fax white paper ONLY)

**DO NOT SEND ORIGINAL MEDICAL/IMMUNIZATION DOCUMENTS
THIS DOCUMENT WILL BE SHREDDDED AFTER INPUT**

If you have any questions regarding this requirement,
contact the Center for Student Health and Counseling at 503-725-2800

**** SEE REVERSE REGARDING EXEMPTIONS ****

EXEMPTIONS

Age Exemption

Initial here if born before 1957: _____

Note RE: Medical and Religious Exemptions

Individuals with religious or medical exemption(s) (except a verified history of disease or blood test indicating immunity to Rubeola and Mumps) are not protected against measles and mumps. This means that they are at risk for getting the diseases. **In the event of an outbreak, individuals with a religious or medical exemption for measles and mumps 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 Gelatin, Neomycin, or other vaccines.
- Pregnancy or intent on becoming pregnant within 28 days.
- Immuno-suppression such as occurs with cancers (leukemia, lymphoma) or medications for such diseases.
- Taking high doses of cortisone-type medications for more than 2 weeks.

Note: All medical exemptions require a physician's signature.

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

Physician's Certification

I certify that this individual should be exempted from the MMR vaccine requirements based on:

A. History of disease (provide year): Rubeola _____ Mumps _____

B. Immune Titers: Rubeola Result _____ Date _____
Mumps 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 MMR 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: _____