



EASTERN OREGON UNIVERSITY
IMMUNIZATION VERIFICATION

This document is required for verifying vaccination or immunity against measles. A copy of your official immunization record must be provided with this form unless you meet one of the exceptions below. Students who do not provide required evidence on this form will not be allowed to register for classes for any term following the first term of enrollment.

PLEASE MAIL, FAX, OR BRING THE COMPLETED SIGNED FORM AND A COPY OF YOUR IMMUNIZATION RECORDS TO:

Eastern Oregon University
Student Health Center
One University Boulevard
La Grande, OR 97850
Tel: (541) 962-3524/Fax: (541) 962-3825

Last name: First: MI Birthdate:
Student ID #: Country of Birth:
Mailing Address (Home):
City State Zip Home Phone:

Mailing Address (Local):
City State Zip Home Phone:

CHECK ONE: VACCINE HISTORY

- I have had two doses of measles on or after my first birthday, which were at least 30 days apart.
1st Dose Date: 2nd Dose Date:
I had, but do not know the date of, my first measles vaccination. I had my second vaccine on or after December, 1989.
2nd Dose Date:

Student Signature: Date:

Exceptions to the policy are listed below.

Table with 2 columns: Exemption types (Distance Learner, Religious, Birthdate) and Medical Exemption details. Includes a signature line for the student and a signature line for a physician/nurse/health department.