

# MMR IMMUNIZATION VERIFICATION

YOU WILL NOT BE ALLOWED TO COMPLETE YOUR REGISTRATION OR ATTEND CLASSES IF DOCUMENTATION IS NOT RECEIVED. All information disclosed on this form will be kept confidential and will be shared with appropriate university personnel on a need-to know basis only.

Eastern Oregon University | Student Health Center  
One University Blvd., La Grande, Oregon 97850  
Phone: 541-962-3524 Fax: 541-962-3825

Last name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Student ID#: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Mailing address (home): \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**REQUIRED: Each student born on or after January 1, 1957 must have two doses of MMR (measles) vaccine:**

> **MMR (Rubeola / Hard Measles)**      Date of 1st dose: \_\_\_/\_\_\_/\_\_\_      Date of 2nd dose: \_\_\_/\_\_\_/\_\_\_

Two doses (documented by month and year of each dose) on or after the first birthday, with a minimum of 30 days between the doses; or One dose for students born prior to 1984 with no available month and year for the first dose but written documentation by health care practitioner or authorized representative of the local health department of the month and year of the second dose in or after December 1989.

**ATTACH DOCUMENTATION – Documentation of MMR (measles) vaccination is required. Accepted documentation (copies are acceptable) must be attached:**

- Doctor's office or medical clinic records
- Public Health Department records
- Serological Confirmation of Immunity: Lab test (titer) for Measles may be substituted as proof of immunity in lieu of vaccinations. Copies of lab work must be attached.
- Personal immunization card which is signed by clinic staff
- Your high school or previous college immunization records

*If the information regarding MMR vaccinations is incomplete or insufficient, a hold will be placed on future terms of registration*  
***EOU Student Health has this vaccination available if you need it to complete your records. Lab testing is also available for titers.***

***\*International students must have documented measles vaccinations on file at the EOU Student Health Center PRIOR to the students attending any classes. Documentation must be written in English.***

***\*Domestic students must have documented measles vaccinations on file at the EOU Student Health Center PRIOR to registering for the second term of classes.***

**Exemptions** for two-dose measles vaccines:

\_\_\_\_ **OFF-CAMPUS LEARNER EXEMPTION:** I am a distance learner, enrolled ONLY in online courses, therefore I am exempt.

\_\_\_\_ **AGE EXEMPTION:** I was born before January 1, 1957 and am therefore considered immune.

**Signature is required medical and non-medical exemptions.**

\_\_\_\_ **MEDICAL EXEMPTION:** I certify the above-named student should be exempted from the requirements for the measles vaccine based on:

- > History of measles disease (month/year) \_\_\_\_\_
- > The following medical reason, \_\_\_\_\_, constitutes a medical contraindication in accordance with the advisory committee on immunization practices of the U.S. Public Health Service for measles vaccine.

\_\_\_\_ **NON-MEDICAL EXEMPTION REQUEST:** I have consulted with the above-named student and explained the risks and benefits of immunization but they remain opposed to immunization.

SIGNATURE OF HEALTH CARE PRACTITIONER \_\_\_\_\_ Date \_\_\_\_\_

PRINTED NAME & TITLE OF HEALTH CARE PRACTITIONER \_\_\_\_\_

I have read and under the information on this form. I have met with my health care practitioner and have discussed the risks and benefits of immunization.

STUDENT SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

This form must be on file with the EOU Student Health Center. Please complete and return to EOU Student Health Center. Visit our website at [www.eou.edu/health](http://www.eou.edu/health) for services provided by EOU Student Health Center. For questions, please call 541-962-3524.