

Return to the
EOU Student Health Center
541.962.3524



Immunization
Verification
www.eou.edu/health

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: _____

IMMUNIZATION RECORD

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

- MMR (Rubeola / Hard Measles) Date 1st dose: ___/___/___
Date 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
No available documentation for the month and year of the first dose but documentation of the month and year of the second dose on or after December, 1989.

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

- Doctor's office or medical clinic records
- Personal immunization card which is signed by clinic staff
- Public Health Department records
- Your high school or previous college immunization 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.

*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 you 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 student attending any classes.**

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

RECOMMENDED VACCINES (The following immunizations are **not** required, but are recommended for continued good health)

◆ Hepatitis A/B Date 1st dose ___/___/___
Date 2nd dose ___/___/___
Date 3rd dose ___/___/___

OR

◆ Hepatitis B Date 1st dose ___/___/___
Date 2nd dose ___/___/___
Date 3rd dose ___/___/___

◆ Hepatitis A Date 1st dose ___/___/___
Date 2nd dose ___/___/___

◆ Varicella (Chicken Pox) Date 1st dose ___/___/___
Date 2nd dose ___/___/___

◆ Meningococcal Date ___/___/___

◆ Gardasil (HPV) Date 1st dose ___/___/___
Date 2nd dose ___/___/___
Date 3rd dose ___/___/___

◆ Tetanus Booster Date ___/___/___

Did it contain Pertussis? Yes / No / Unknown

Office Use:
Date Reviewed ___/___/___
Reviewed By _____
Cleared? YES NO

Exemptions for two-dose measles vaccine:

_____ DISTANCE LEARNER EXEMPTION: I am a distance learner, enrolled in ONLY online courses; therefore I am exempt.

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

_____ RELIGIOUS EXEMPTION: I have read and understood the information on this form. I am an adherent to a religion or philosophy whose teachings are opposed to immunization, and I therefore request that I be exempted from the immunization requirement.

_____ 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.

SIGNATURE OF HEALTH CARE PRACTITIONER or RELIGIOUS LEADER _____ DATE _____

PRINTED NAME & TITLE OF HEALTH CARE PRACTITIONER or RELIGIOUS LEADER _____

STUDENT SIGNATURE: _____ **DATE:** _____

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