



CONCORDIA UNIVERSITY

CERTIFICATE OF IMMUNIZATION for HEALTH SERVICES

Last Name _____ First Name _____ MI _____

Date of Birth _____ (day/month/year) Student my.CU ID G00 _____

Year /Semester of Entry: Year _____ Semester Fall Spring Summer 1 Summer 2

Oregon State Law mandates college students must provide evidence of receiving 2 doses of measles (rubeola) vaccine on or after age one year. There must be a minimum of 30 days between the two doses.

Law applies to students born after January 1, 1957 in the following categories:

- undergraduate students taking twelve (12) credits or more
• graduate students taking six (6) credits or more

Complete Section 1 OR Section 2

Section 1 Immunization

_____ I had 2 doses of measles vaccine on or after age one. The immunizations were at least 30 days apart.

If date of first dose is not available, documentation of a second dose after December 1, 1989 must be provided.

First Dose _____ (day/month/year) Second Dose _____ (day/month/year)

Student Signature _____ Date _____

Section 2 Exemptions

_____ 1. My measles (rubeola) titer report is attached and indicates I am immune to measles (rubeola). Student signature _____ Date _____

_____ 2. I had disease /measles (rubeola). Date _____ Physician, nurse practitioner or physician assistant signature _____

_____ 3. I have a medical reason for not receiving this immunization (i.e. anaphylactic reaction to eggs, immune compromised, etc.) Date _____ Physician, nurse practitioner or physician assistant signature _____

_____ 4. I was born before January 1, 1957. Student signature _____ Date _____

_____ 5. My religious beliefs prohibit my use of the immunization. Student signature _____ Date _____

STUDENTS NOT COMPLETING THIS CERTIFICATE ARE NOT ALLOWED TO REGISTER FOR CLASSES

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