



CONCORDIA UNIVERSITY

CERTIFICATE OF IMMUNIZATION for STUDENT 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 4 year college students* must provide evidence of receiving 2 doses of measles (rubeola) vaccine after age one year. There must be a minimum of 28 days between the 2 doses.

* born after January 1, 1957 in the following categories: undergrads - 12 or more credits, grads - 6 or more credits

_____ I had 2 doses of measles (rubeola) vaccine after age one year. Doses were at least 28 days apart.

#1 dose day _____ month _____ year _____ # 2 dose day _____ month _____ year _____

Born prior to 1984? If date of # 1 dose is not available date of # 2 dose must be after December 1,1989 .

Student Signature _____ Date _____

Exemptions

- 1. Born before January 1, 1957. Student signature _____ Date _____
2. Measles (rubeola) titer (blood test) report is attached and indicates I am immune to measles. Student signature _____ Date _____
3. I had this disease /measles (rubeola). Date _____ Physician, nurse practitioner or physician assistant signature _____
4. Medical reason to not receive immunization (anaphylactic reaction to gelatin, immune compromised, etc.) Date _____ Physician, nurse practitioner or physician assistant signature _____
5. My religious beliefs prohibit this immunization. Student signature _____ Date _____

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

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