



CONCORDIA UNIVERSITY

MEASLES DOCUMENTATION

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 * provide evidence for 2 doses of measles (rubeola) vaccine after age 12 months. There must be a minimum of 28 days between the 2 doses. Usually listed as MMR.

* born after January 1, 1957 and taking 12 or more credits (undergrads) and 6 or more credits (grads)

Yes I had 2 doses of measles (rubeola) vaccine after age 12 months. Doses were at least 28 days apart.

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

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

Student Signature _____ Date _____

Exemptions

- 1. I was born before January 1, 1957. Student signature _____ Date _____
2. Blood test (titer report) for measles (rubeola) is attached and indicates I am immune to measles. Student signature _____ Date _____
3. I had the 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