



## MEASLES IMMUNIZATION STATUS

The Oregon Administrative Rules require that community college students have two doses of measles vaccine prior to participation in (1) Allied Health programs, (2) practicum experiences in child care or education programs, and (3) intercollegiate sports. (OAR 333-050-0140)

If you have received two doses of measles vaccine, you are required to provide proof of immunization. They must have been given on or after your first birthday with a minimum of 30 days between the first dose and second dose.

### **Am I Exempt from the measles immunization requirement?**

*Yes, if you meet one of the following conditions (you must still submit this form):*

1. Laboratory evidence of measles (Rubeola), mumps, and Rubella antibodies
2. Medical condition: (for example, immunosuppression, allergy to vaccine component, malignancy, pregnancy, lymphoma, leukemia)
3. Religious beliefs

**NEED A VACCINATION?** Your family doctor or private physician can provide needed vaccinations. Also, County health clinics can provide your measles vaccine at a reduced cost, according to income.

#### **Multnomah County Community Immunization Clinic:**

**426 SW Stark St. 3<sup>rd</sup> Floor, Portland, Oregon 97204**

**Phone: 503-988-3828 extension 26692**

**<http://web.multco.us/health/immunizations>**

Adult vaccination fees vary depending on type of vaccine. Contact the clinic for current fees and hours.

# MT. HOOD COMMUNITY COLLEGE

## Allied Health Division

Revised 1-11

<b>MEASLES IMMUNIZATION CLEARANCE CERTIFICATE FOR SCHOOL ATTENDANCE</b>
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Oregon law requires proof of immunization be provided for two doses of measles-containing vaccine or a religious or medical exemption be signed prior to attendance at a college or university. This information is being collected on behalf of the Oregon Department of Human Services, Immunization Program and may be released to the Department or the local Public Health Authority by the institution upon request of the Department.

Clinical affiliation contracts for Allied Health Division programs require students to provide documentation of two doses of Rubeola, Mumps, and Rubella (MMR) vaccine or a positive titer for Rubeola, Mumps, and Rubella. If a Medical or Religious exemption is claimed, students must be aware of possible inability to be placed in a clinical setting.

Student Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Program of Study \_\_\_\_\_ Address \_\_\_\_\_

Term/Yr.

Date of Birth: \_\_\_\_\_

<b>Immunized</b>	<p>A) I have had two doses of measles-containing vaccine after the age of 12 months, which were at least 30 days apart.            Date of dose #1: _____ Date of dose #2: _____</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Student Signature <span style="float: right;">Date</span></p>
<b>EXEMPTIONS</b>	
<b>Immune</b>	<p>I have attached documentation of laboratory evidence of immunity.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Student Signature <span style="float: right;">Date</span></p>
<b>Medical</b>	<p>The above listed student is exempt from the second dose measles vaccine requirement due to medical reasons. The student remains susceptible if exposed.            Medical reason: _____</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature of Health Care Provider <span style="float: right;">Date</span></p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Address <span style="float: right;">Phone</span></p>
<b>Religion</b>	<p><b><u>Contact the school for more information if you are considering a religious exemption. You must read the information that is provided to you.</u></b> Religious exemption information can also be found at <a href="http://www.oregon.gov/DHS/ph/imm/docs/CollegeRE.pdf">www.oregon.gov/DHS/ph/imm/docs/CollegeRE.pdf</a>.</p> <p>I have read and understand the information in the brochure about religious exemption. I am aware of the potential risks of not being immunized, which include being excluded from attending school during a disease outbreak. Because of religious beliefs, I waive the second dose measles vaccination requirement. I also agree to defend, indemnify and release MHCC from all claims resulting from my failure to receive the vaccine.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Student Signature <span style="float: right;">Date</span></p>