

MT. HOOD COMMUNITY COLLEGE

MEASLES IMMUNIZATION CLEARANCE CERTIFICATE FOR SCHOOL ATTENDANCE

NOTICE!

YOU MUST HAVE THE FOLLOWING FORM COMPLETED AND SIGNED BY THE APPROPRIATE PERSON AND RETURN IT TO YOUR PROGRAM DIRECTOR BY _____.

ENROLLMENT WILL BE HELD IF THIS REQUIREMENT IS NOT MET.

MEASLES IMMUNIZATION STATUS

The Oregon Administrative Rules require that community college students have two doses of measles vaccine prior to participation in any of the following programs (OAR 33-19-090):

1. Allied Health Programs
2. Practicum experiences in Child Care or education programs
3. Intercollegiate Sports

This applies only to those students born on or after January 1, 1957.

Those who are exempt from this requirement include the following:

- A. Documented diagnosed measles case
- B. Laboratory evidence of measles antibodies
- C. Birth date before January 1, 1957
- D. Medical condition: (for example, immunosuppression, allergy to vaccine component, malignancy, pregnancy, lymphoma, leukemia.
- E. Religious beliefs

If you have received two doses of measles vaccine you must provide documentation by month and year. They must have been given on or after your first birthday with a minimum of 30 days between first dose and second dose; or if you have no available month and year for the first dose but documentation of month and year of the second dose in or after December 1989. Students are not required to provide proof of inoculation. The dates of inoculation and student signature are sufficient.

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

WALK-IN IMMUNIZATION CLINICS

Adult Immunization Unit: 5329 NE MLK, Portland, OR 97211 Phone: 503-988-3828

Hours: T, W, Th: 9:00 AM to 11:30 AM and 1:00 PM to 4:00 PM

Minimum cost \$20 for children. Cost for adults vary.

Website: www.mchealth.org/immunization

For Saturday times and locations call 503-988-3816

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MEASLES IMMUNIZATION STATUS

Student Name _____ Student ID# or SS# _____

Student Program _____ Address: _____
Term/Yr.

Date of Birth _____

<p>Immunized</p>	<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: _____ B) I do not have the date of my first dose, but my second dose was after December, 1989 Date of dose #2: _____</p> <p>_____ Student Signature Date</p>
<p>Exempt Medical</p>	<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>_____ Signature of Health Care Provider Date</p>
<p>Exempt Immune</p>	<p>The above listed student is exempt from the second dose measles vaccine requirement and is considered immune (documented measles or laboratory evidence of antibodies).</p> <p>_____ Signature of Health Care Provider Date</p>
<p>Exempt Age</p>	<p>I exempt because of age (birth date before 1-1-57). Birth date: _____</p> <p>_____ Student Signature Date</p>
<p>Exempt Religion</p>	<p>Because of religious beliefs, I waiver the second dose measles vaccination requirement. I understand that I may be excluded from class attendance because of susceptibility if exposed to someone with measles.</p> <p>_____ Student Signature Date</p>