



Oregon Certificate of Immunization Status for Colleges & Universities Oregon Department of Human Services, Immunization Program

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. Please list immunizations in the order they were received.

 Last Name First Middle Initial Birthdate Telephone Number

 Mailing Address City State Zip Code Alternate Contact Number

Measles-containing Vaccines		Dose 1	Dose 2	Dose 3
	Measles/Mumps/Rubella (MMR) <i>or</i> Measles vaccine only Mumps vaccine only Rubella vaccine only	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)
MMR	No Date for Dose 1, Dose 2 received after December 1989			
Additional Vaccines	Diphtheria/Tetanus/Pertussis Booster (Td, Tdap)			
	Varicella (Chickenpox) [VZV or VAR] <input type="checkbox"/> Check here if student has had chickenpox disease / / (mm/dd/yy)			
	Hepatitis B (Hep B)			
	Hepatitis A (Hep A)			
	Meningococcal (MCV4)			
	Human Papilloma Virus (HPV)			
	Other Vaccine(s) Please specify:			

Age exemption for measles
 Please indicate your date of birth, if born before 1957:

 Month /Day /Year

I authorize the release of my Oregon Immunization ALERT record to this institution to check the status of any immunizations not listed on this page.

 Signature of student
 Date _____

I certify that the above information is an accurate record of this immunization history.

Signature _____ Date _____

Healthcare Practitioner Student

Update Signature _____ Date _____



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 Last Name

 First

 Middle Initial

 Birthdate

If a tuberculin is required for attendance at this college or university.

PPD	
Date Administered	
Date Read	
Reading	mm
If results positive, chest x-ray on: (date)	

Signature of health care provider: _____ Date: _____

For medical exemptions to measles vaccine:
 Please submit a **letter signed by a licensed physician stating:**

- Name
- Birth Date
- Medical condition that contraindicates vaccine
- List of vaccines contraindicated
- Approximate time until condition resolves, if applicable
- Physician's signature
- Physician's contact information, including phone number

Religious exemption:
Contact the school for more information if you are considering a religious exemption.

I have read and understand the information in the brochure that I received. I am aware of the potential risks being unimmunized, including being excluded from attending school during a disease outbreak. My religious beliefs prohibit my use of immunizations:

 Signature of student

 Date