

**SOUTHERN OREGON UNIVERSITY
IMMUNIZATION VERIFICATION**

This document is required by SOU and Oregon law for verifying vaccination or immunity against measles. **Domestic students who do not provide this completed form will not be allowed to register for classes for any term following the first term of enrollment.**

PLEASE MAIL, FAX, OR BRING THE COMPLETED AND SIGNED IMMUNIZATION VERIFICATION FORM TO:

Southern Oregon University
Health and Wellness Center
1250 Siskiyou Blvd
Ashland, OR 97520
Tel: (541) 552-6136 Fax: (541) 552-6693

Last Name: _____ First: _____ M.I. ____ Birth Date: _____
Student ID: _____ Country of Birth: _____
Mailing Address (home): _____
City: _____ State: _____ Zip: _____ Home Phone: _____
Mailing Address (local): _____
City: _____ State: _____ Zip: _____ Local Phone: _____

Check One: Vaccine History

_____ I have had TWO doses of measles vaccination on or after my first birthday, which were at least 28 days apart.
1st Dose Date: _____ 2nd Dose Date: _____
_____ I was born prior to December 1984 and I do not know the date of my 1st vaccination. I had my second vaccine on or after
December 1989. 2nd Dose Date: _____

Student Signature: _____ Date: _____

Exceptions to the policy are listed below.

I meet the following exemption(s) and thus do not need the measles immunization. Please check one.

Distance Learner Exemption:

_____ I am a distance learner, enrolled in only online courses, therefore I am exempt.

Religious Exemption:

_____ My religious beliefs prohibit immunization.

Other Exemption:

_____ My birth date is before Jan 1, 1957, therefore I am exempt.

Sign here if you have marked on of the exceptions in the left column.

Student Signature: _____
Date: _____

Medical Exemption:

_____ My measles (rubeola) titer indicates I am immune to measles.

_____ I have a medical reason for not receiving the immunization and have a medical provider's note stating this. (anaphylatic reaction, pregnancy etc.).

_____ I have had hard measles (Rubeola) and have a medical provider's note or a titer that proves my immunity.

Sign here if you have marked on of the above medical exceptions

Student Signature: _____
Date: _____