

Student ID number: _____ Legal name: _____
 Social Security number: _____ (please print) Last First Middle initial Maiden
 Date of birth: _____ Program: Undergraduate Graduate

Measles Record Form 2004-05



This form must be completed by all students prior to registration. Please do not attach any information unless requested.

This form is not valid unless signed and dated. If the submitted information is incomplete, a hold will be placed on future registration at George Fox University.

If you were born prior to January 1, 1957, you do not need to provide any more information. Check the box and sign below.

I was born before 1/1/57.

If you were born after December 31, 1956, you do need to complete this form. Oregon state law (ORS 433.282) requires all students born after December 31, 1956, to provide dates of two measles vaccinations given at age 1 or older at least 30 days apart. If no date is available for the first dose, the second must have been given after December 1989. Proof of immunity by titer or physician documentation of disease are acceptable in place of vaccination.

Please complete **one** of the following sections:

<p>A. Measles immunization (either MMR or rubeola)</p> <p>Dose 1 _____ month/day/year</p> <p>Dose 2 _____ month/day/year</p>	<p>B. Measles, confirmed by physician (Attach proof)</p> <p>_____ month/day/year</p>	<p>C. Report of immune titer for rubeola (Attach proof)</p> <p>_____ month/day/year</p>
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I certify that the information provided is correct.

Signature: _____ **Date:** _____

Medical exemption: If applying for a medical exemption, please have a physician state the reason the vaccine is contraindicated and sign.

Reason: _____

Physician signature: _____ Date: _____

Religious exemption: I am in a religion in which the teachings are opposed to immunizations. I understand that should an outbreak of measles occur, I may be excluded from the University. I therefore request that I be exempted from immunization requirements.

Signature: _____ Date: _____

Please return this form to:

HEALTH & COUNSELING CENTER • GEORGE FOX UNIVERSITY • 414 N. MERIDIAN ST. #6265 • NEWBERG, OR 97132-2697