Immunization Certificate for Measles, Mumps or MMR vaccine

This is the official document required for verifying vaccine protection in order to attend the University of Oregon. All students must comply with this requirement prior to the second term of registration or they will not be permitted to register for classes.

The University of Oregon requires documentation of two doses of both measles (rubeola) and mumps vaccine or two doses of MMR (measles, mumps, rubella combined) vaccine or other acceptable proof of immunity for all incoming college students born on or after January 1, 1957. The first dose must be received on or after your first birthday, not before, and the second dose must be received 24 days or more after the first dose. A second dose of measles (rubeola) and mumps or MMR vaccine is required if you have previously received only one dose. Please see recommended vaccines on our web site at: http://healthcenter.uoregon.edu

**PLEASE ATTACH A COPY OF YOUR COMPLETE IMMUNIZATION RECORD**

Name: (Last, First, M) __________________________________________________ UO Student ID #: ____________________________

Date of Birth: _____________________ Phone: _____________________________ UO Email: _____________________________

REQUIRED VACCINE HISTORY:

_____ I have had two doses of measles (rubeola) and mumps or MMR vaccine on or after my first birthday.

Measles (rubeola): 1st dose (month/day/year) ___________ 2nd dose (month/day/year) ___________

Mumps: 1st dose (month/day/year) ___________ 2nd dose (month/day/year) ___________

OR

MMR: 1st dose (month/day/year) ___________ 2nd dose (month/day/year) ___________

_____ I was born prior to 1984 and I had but do not know the date(s) of my first immunization against (rubeola) measles and mumps.

My second immunization (s) of (rubeola) measles, mumps or MMR was given in or after December 1989.

Second dose date: measles (rubeola) ______________ mumps ______________ MMR ______________

  month/day/year month/day/year month/day/year

Student Signature: ____________________________ Date: ____________________________

MEDICAL EXEMPTION: (Below must be signed by a health care provider)

I certify that the student named above should be exempted from the requirement for the measles and mumps vaccine based on:

_____ History of: (Rubeola) measles disease (month and year) __________________ Mumps disease __________________

_____ The following reason: ________________________________________________________,

which constitutes a medical contraindication in accordance with the Advisory Committee on Immunization Practices (ACIP) for measles, mumps, or MMR vaccine.

_____ Immune titer shows immunity to: Measles (rubeola) (month/day/year) __________________

Mumps (month/day/year) __________________

**(Attach a copy of immune titer(s) documentation)**

Health Care Provider’s Name (please print) ____________________________ Signature ____________________________ Phone # ____________________________ Date ____________________________

Please mail, fax, or bring completed form to the University Health Center:

• ATTN: Immunization Coordinator, 1232 University of Oregon, Eugene, OR 97403-1232
• Email: ucmmeasl@uoregon.edu
• FAX: 541-346-2747– ATTN: Immunization Coordinator
• Immunization Coordinator’s Phone: 541-346-2764

UNIVERSITY HEALTH CENTER - Appointments & After Hours Nurse: 541-346-2770
Web: http://healthcenter.uoregon.edu
An equal opportunity, affirmative action institution committed to cultural diversity

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