

LINFIELD UNIVERSITY

Second Dose Measles Vaccine Documentation

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PRINT FIRST & LAST NAME:	Linfield ID#:	Date of Birth:	Cell Phone #:
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Documentation of Second Dose Measles Vaccine Requirement

In order to comply with Oregon law, Linfield University must require each full-time student born on or after January 1, 1957 to have two doses of measles vaccine prior to your second semester of enrollment. For students who are attending the institution pursuant to a non-immigrant visa, documentation of measles vaccination must be provided prior to the student attending classes. If the student's first dose of measles vaccine was received less than 30 days prior to attendance, the student has until the beginning of the second semester to provide documentation of the second dose. Written documentation must be provided by the student with the month, day and year of each dose (within four days prior to, on, or after the first birthday, and with a minimum of 24 days between the first and second dose) will be accepted as adequate proof of two doses of measles vaccine.

To comply, please complete only one of following:

- Vaccine Immunization History** **You may also submit your immunization history on your WebAdvisor account, in lieu of this form, <https://webadvisor.linfield.edu/>*

(Check One)

____ I have had two doses of measles (rubeola) and mumps (or MMR) vaccine on or after my first birthday, at least 24 days apart. (If given between 1/1/63 and 12/31/67, the documentation must state that a LIVE vaccine was given. Measles vaccines are not acceptable before 1963).

First dose date: _____ Second dose date: _____
month /day/year month /day/year

____ I was born prior to 1984, and I have no available date of my first immunization against measles (rubeola) and mumps (or MMR), but I can provide documentation of the month, day and year of the second dose in or after December 1989.

Second dose date: _____
month /day/year

Student's Signature: _____ Date: ____/____/____.

- Non-Medical Exemption** **copy of your documentation or certificate is REQUIRED to the office of Student Affairs.*

____ I have a nonmedical exemption with documentation of a signature of a health care practitioner that the practitioner has reviewed with me the risks and benefits of immunization, or I have a certificate verifying that I have completed a vaccine educational module approved by the Oregon Public Health Division.

Student's Signature: _____ Date: ____/____/____.

- Immunity Documentation** **copy of your written statement is REQUIRED to the office of Student Affairs.*

____ *You **must** provide a written statement signed by the physician or authorized representative of the local health department that you should be exempted from receiving specified immunizations due to a disease history based on a health care practitioner's diagnosis or the results of an immune titer.

Student's Signature: _____ Date: ____/____/____.