MANDATORY MEASLES IMMUNIZATION POLICY

Northern Michigan University requires that all new and re-entry students **born after 1956** provide proof of immunity to measles (**RUBEOLA**).

To comply with this policy, students must submit satisfactory evidence of immunity to measles to the Health Center, using the form on the reverse side.

Students born before 1957 do not need to submit this form. Nearly all persons in this age group acquired measles as children and are immune.

Active military personnel and veterans are exempt from providing proof of immunity, since they have already met comparable immunization requirements. To comply with the policy active military personnel must present their military I.D. card and veterans mail a copy of their DD 214 to the Health Center.

If you do not comply with this policy, a "HOLD" will be placed on your future registration at NMU - this will prevent you from registering for classes.

PERSONS ARE CONSIDERED IMMUNE IF THEY:

- Have received **two doses** of measles vaccine after 12 months of age, or
- Have documentation of **physician-diagnosed** measles, or
- Have laboratory evidence of immunity to measles. (A blood test can be done to see if you are immune to measles.)

The following documents, if they contain satisfactory evidence of immunizations or illness, as described above, are acceptable as proof of immunity: medical records, **OR**, school immunization records, **OR,** personal immunization records.

Measles immunizations are available through most physician's offices, at city and county health departments, and at the NMU Health Center.

Please have the reverse side of this form completed by your health care provider, or attach copies of your pertinent records. Return the completed form to the Ada B. Vielmetti Health Center, Northern Michigan University, 1401 Presque Isle, Marquette, MI 49855-5377 in the envelope provided. You may FAX your reply to us at 906/227-2332.

CALL THE STAFF AT THE HEALTH CENTER AT 906/227-2355 IF YOU HAVE QUESTIONS ABOUT THIS POLICY.

WHY NMU HAS A MEASLES IMMUNIZATION POLICY

NMU has required proof of immunity for new students since 1985. This policy is recommended by the Centers for Disease Control, the Michigan Department of Public Health, and the American College Health Association.

This policy is for your safety. Measles is a highly contagious infection and is not always a benign illness - up to 15% of adults with measles require hospitalization, and 2-4 in 1,000 die or suffer brain damage.

ADDITIONAL IMMUNIZATIONS RECOMMENDED FOR ADULTS

The following immunizations are recommended but not required:

DIPHTHERIA/TETANUS	Booster every 10 years.
HEPATITIS B	A series of three vaccinations given at any age; booster not routinely required.
CHICKEN POX (varicella)	Two vaccinations one month apart; recommended for those who have not had chickenpox.
INFLUENZA	Vaccination each Fall or early Winter. Influenza epidemics are common occurrences on our campus, and while not often associated with serious health consequences in otherwise healthy students, this illness can lead to significant discomfort and class absences. Vaccine is available at the Health Center each Fall, at a cost of $5.
MENINGITIS	A single immunization recommended at age 11 years or older. Booster not routinely recommended. College freshmen living in residence halls are at increased risk of meningococcal disease and should be vaccinated prior to college entry if they have not been vaccinated previously.

MEASLES IMMUNIZATION RECORD

Name: _____
Last First M I.

IN#: _____ Date of Birth: _____

PLEASE CHOOSE ONE OF THE FOLLOWING OPTIONS TO COMPLY WITH THIS POLICY:

VACCINATION RECORD

Date 1st Vaccination: _____ **AND** Date 2nd Vaccination: _____

Certifying Health Care Provider Name: _____

Address: _____

_____

Health Care Provider Signature: _____

OR

RUBEOLA TITRE (Blood Test)

Date of blood test (antibody Titer) showing immunity: _____

(Please enclose copy of titer results)

Certifying Health Care Provider Name: _____

Address: _____

_____

Health Care Provider Signature: _____

OR

DOCUMENTATION OF NATURAL ILLNESS

Date Natural Illness: _____

Certifying Health Care Provider Name: _____

Address: _____

_____

Health Care Provider Signature: _____

OR

MEDICAL EXEMPTION

Please attach a letter from your physician documenting your need for a medical exemption from this policy.