



## Proof of Measles Immunity for Employment

If you were born on or before 1/1/1957 you do not need to complete this form.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Department: \_\_\_\_\_ W# \_\_\_\_\_

Please provide one of the following along with this completed form:

- ☐ A copy of a medical provider vaccination record sheet or a copy of an official immunization card showing the administration dates of the two required individual vaccinations for RUBEOLA measles (not rubella).

The two doses must have been given:

- After January 1, 1968
- At least 30 days apart, and
- On or after 12 months of age.

- ☐ A copy of a positive blood test results for antibodies against RUBEOLA.

- ☐ Verification from my Health Care Provider (below) that I have received the appropriate vaccines for RUBEOLA measles and were administered on the following dates:

#1 Vaccination date: \_\_\_\_\_  
Month/day/year

#2 Vaccination date: \_\_\_\_\_  
Month/day/year

### **Health Care Provider Certification**

**I certify the accuracy of the vaccination dates above.**

Health Care Provider Name (print): \_\_\_\_\_

Health Care Provider Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

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### **Approval by Director of Medical Services, WWU Student Health Center:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Documentation is:    O Acceptable    O Not Acceptable