



CONCORDIA  
UNIVERSITY

MEASLES DOCUMENTATION

CERTIFICATE OF IMMUNIZATION for STUDENT HEALTH SERVICES

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth day \_\_\_\_\_ month \_\_\_\_\_ year \_\_\_\_\_ Student my.CU ID G00 \_\_\_\_\_

Year /Semester of Entry: Year \_\_\_\_\_ Semester  Fall  Spring  Summer 1  Summer 2

Oregon state law mandates 4 year college students \* provide evidence for 2 doses of measles (rubeola) vaccine after age 12 months. There must be a minimum of 28 days between the 2 doses. Usually listed as **MMR**.

\* born after January 1, 1957 and taking 12 or more credits (undergrads) and 6 or more credits (grads)

Yes I had 2 doses of measles (rubeola) vaccine after age 12 months. Doses were at least 28 days apart.

#1 day \_\_\_\_\_ month \_\_\_\_\_ year \_\_\_\_\_ # 2 day \_\_\_\_\_ month \_\_\_\_\_ year \_\_\_\_\_

Born prior to 1984? If date of # 1 is not available then date of # 2 must be after December 1,1989.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Exemptions

1. I was born before January 1, 1957.  
Student signature \_\_\_\_\_ Date \_\_\_\_\_
2. Blood test (titer report) for measles (rubeola) is attached and indicates I am immune to measles.  
Student signature \_\_\_\_\_ Date \_\_\_\_\_
3. I had the disease / measles (rubeola). Date \_\_\_\_\_  
Physician, nurse practitioner or physician assistant signature \_\_\_\_\_
4. Medical reason to not receive immunization (anaphylactic reaction to gelatin, immune compromised, etc.)  
Date \_\_\_\_\_  
Physician, nurse practitioner or physician assistant signature \_\_\_\_\_
5. My religious beliefs prohibit this immunization.  
Student signature \_\_\_\_\_ Date \_\_\_\_\_

STUDENTS NOT COMPLETING THIS CERTIFICATE ARE NOT ALLOWED TO REGISTER FOR CLASSES