

Portland State University
Intensive English Language Program

Measles (Rubeola) Vaccine Requirement

The Portland State University requires all incoming students to show **evidence of measles immunity**.

It is common that most students have only received one dose of measles (Rubeola) vaccine and therefore a booster dose of Rubeola measles containing vaccine must be obtained.

If information submitted on this form is incomplete, you will not be able to register for classes until you satisfy this requirement.

All entering students born after 1956 must **have at least one (1)** of the following:

- Two (2) vaccinations** containing any combination of measles (Rubeola) vaccine on or after your first birthday, with a minimum of 30 days between the first and second vaccination.
- Show evidence of immunity to measles (Rubeola) by an **immune titer test**.
- Physician's **signature certifying that you've had the measles** (Rubeola) disease.

You can still come to PSU, even if you have not had a measles vaccination or don't have physician's certification. **The PSU Student Health Clinic offers vaccinations**. The cost is approximately \$55.

You must have your **FIRST** vaccination before classes begin. If you do not have your first vaccination, you will **NOT** be permitted to attend classes.

**International Student
Measles and Mumps Vaccine Requirement**

Last Name First Middle Initial

PSU I.D. **(Required)**

Street Address

_____/_____/_____
Date of Birth **(Required)**

City, State, and Zip Code

Signature **(Required)**

The Oregon State System of Higher Education requires all incoming students to show evidence of immunity to measles (Rubeola) and mumps. Many students have only received one dose of Measles, Mumps, and Rubella vaccine (MMR), and therefore a booster dose of MMR vaccine must be obtained.

If the information submitted by a student regarding MMR vaccinations is incomplete or insufficient a hold will be placed on future terms of registration at PSU.

INTERNATIONAL STUDENTS MUST PROVIDE DOCUMENTATION PRIOR TO ATTENDING CLASSES.

All entering students born after 1956 must have at least one of the following:

- Two vaccinations of MMR. The first dose must have been received on or after the first birthday. There must be a minimum of 30 days between the first and second dose.
- Physician's signature showing evidence of immunity to measles (Rubeola) and mumps.
- Physician's signature certifying prior measles (Rubeola) and mumps.

Please indicate the dates on which the two required doses of MMR vaccination were received:

Dose #1: ____/____/____
 Month/Day/Year

Dose #2: ____/____/____
 Month/Day/Year

Please submit completed form to:
Center for Student Health and Counseling
P.O. Box 751
Portland, OR 97207
Fax: 503-725-5812 (Fax on white paper ONLY)

DO NOT SEND ORIGINAL MEDICAL/IMMUNIZATION DOCUMENTS.

If you have any questions regarding this requirement, contact the Center for Student Health and Counseling at 503-725-2800 or visit our website at www.shac.pdx.edu.

****SEE OTHER SIDE REGARDING EXEMPTIONS****

EXEMPTIONS

Age Exemption:

Please initial if born before 1957: _____
Initial

Medical and Religious Exemptions

Individuals with religious or medical exemption(s) (except a verified history of disease or blood test indicating immunity to Rubeola and Mumps) are not protected against measles and mumps. This means that they are at risk for getting the diseases. **In the event of an outbreak, individuals with a religious or medical exemption for measles and mumps may be excluded from the University, under the direction of the Student Health Service Director and/or the local Health Officer.**

Medical Exemption:

Acceptable bases include:

- Serious allergic reactions (anaphylactic) to a previous dose, or to Neomycin or gelatin.
- Pregnancy or intent on becoming pregnant within 28 days.
- Immunosuppression such as occurs with cancers (leukemia, lymphoma) or medications for such diseases.
- Taking high doses of cortisone-type medications for more than 2 weeks.

Note: All medical exemptions require a physician's signature.

Individuals with HIV-positive antibodies or with leukemia in remission who have not received chemotherapy for at least three months may receive MMR vaccine.

Certification

I certify that this individual should be exempted from the MMR vaccine requirements based on:

A. History of disease (provide year): Rubeola _____ Mumps _____

B. Immune Titers: Rubeola Result _____ Date _____
Mumps Result _____ Date _____

C. The following medical reason: _____
Which constitutes a medical contraindication in accordance with the advisory committee on immunization practices of the U.S. Public Health Service for MMR vaccine (see above).

Physician's Signature: _____

Date: ____/____/____

Address: _____

Phone: (____) ____ - _____

Religious Exemption:

I have read and understand the above information. I am adherent to a religion, the teachings of which are opposed to immunization, and therefore request that I be exempted from the immunization requirement.

Signature: _____

Date: _____