EVERGREEN
THE EVERGREEN STATE COLLEGE
OLYMPIA, WASHINGTON

MEASLES IMMUNIZATION DOCUMENTATION FORM

Name: _____ **A** Number:_____

Date of Birth: _____Phone:_____

Address:_____

In order to maintain the health and safety of all members of our campus community, Evergreen has adopted the following immunization requirement guideline from recommendations by the US Center for Disease Control, the American College Health Association and state and local Public Health Departments. **This requirement applies to all new undergraduate and graduate students born on or after January 1, 1957. To meet the requirement you need to complete and sign this form and document one of the options below.**

Option 1: Proof and **SIGNATURE** from a doctor/clinic that you have had 2 measles (rubeola) vaccines since 1969, **OR**
Option 2: Proof and **SIGNATURE** from a doctor/clinic that you have had the disease of measles (rubeola), **OR**
Option 3: Proof and **SIGNATURE** from a doctor/clinic that you have a positive measles (rubeola) antibody test, **OR**
Option 4: For a medical, religious or personal reason, you can sign the Waiver of Immunization on the back of the form.

Option 1 - I have received two doses of MMR or Rubeola Vaccine.

Date of the *first* immunization: _____ Date of the *second* immunization: _____

Health Care Provider signature: _____ Health Care Provider signature: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Option 2 - I have had Rubeola Measles and was diagnosed by my Health Care Provider.

Date of Measles case/diagnosis: _____

Health Care Provider signature: _____ _____Phone: _____

Address: _____

Option 3 - I have had a blood test (Rubeola Titer), which indicates that I am immune to Rubeola Measles.

Date of blood test: _____

Health Care Provider signature: _____ _____Phone: _____

Address: _____

I certify that the above statement(s) are accurate and true to the best of my knowledge.

Student's signature: _____ Date: _____

If needed, please complete the *Immunization Waiver* on the *back of this form.*

EVERGREEN
THE EVERGREEN STATE COLLEGE
OLYMPIA, WASHINGTON

MEASLES IMMUNIZATION DOCUMENTATION FORM

Name: _____ **A** Number:_____

Date of Birth: _____Phone: _____

Address: _____

Measles Immunization Waiver

Option 4:

Due to medical, religious, or personal reasons, I choose to decline immunization. In the event of a measles case or outbreak on campus, I agree to comply with quarantine or isolation procedures as recommended by the Center for Disease Control and Prevention ***and*** the state and local Health Departments. I understand that this will likely result in missing classes or any other campus activity, including student employment, for the duration of the exposure risk, which would be a minimum of 14 to 21 days.

Student name (printed) _____

Student signature: _____ Date: _____

Please keep a copy of your immunizations for your personal records.

If needed, please complete the *Immunization Waiver* on the *back of this form.*