



Measles / Mumps Immunization Certificate

This is the official document required for verifying vaccine protection in order to attend the University of Oregon. Students who have not complied will not be able to register for classes.

IMMUNIZATION REQUIREMENT: The University of Oregon requires documentation of **two** doses of both measles (rubeola) and mumps vaccine or **two** doses of MMR (measles, mumps, rubella) vaccine or other acceptable proof of immunity for all incoming college students born on or after January 1, 1957. The first dose must be received on or after your first birthday and 30 days must pass between your first and second dose. A second dose of measles (rubeola) and mumps (or MMR) vaccine is required if you have previously received only **one** dose. **PLEASE ATTACH A COPY OF YOUR IMMUNIZATION RECORD.**

Name: (Last, first, MI) _____

UO Student ID #: _____ Date of Birth: _____ Phone: _____

Mailing Address (home): _____ City: _____

State: _____ Zip: _____ Email: _____

VACCINE IMMUNIZATION HISTORY:

_____ I have had two doses of measles (rubeola) and mumps (or MMR) vaccine on or after my first birthday.

Measles (rubeola):	1 st dose (month/year) _____	2 nd dose (month/year) _____
Mumps:	1 st dose (month/year) _____	2 nd dose (month/year) _____
MMR:	1 st dose (month/year) _____	2 nd dose (month/year) _____

_____ I had but do not know the date(s) of my first immunization against measles (rubeola) and mumps. My second immunization (s) of measles (rubeola) and mumps or MMR was given in or after December 1989.

Second dose date: measles (rubeola) _____ mumps _____ MMR _____

Student Signature: _____ Date: _____

MEDICAL EXEMPTION: (Must be signed by health care provider)

I certify that the above named student should be exempted from the requirement for the measles and mumps vaccine based on:

_____ History of measles (rubeola) disease (month and year) _____

_____ History of mumps disease (month and year) _____

_____ The following reason: _____, which constitutes a medical contraindication in accordance with the Advisory Committee on Immunization Practices (ACIP) for measles, mumps, or MMR vaccine.

_____ Immune titer shows immunity to measles (rubeola) (month and year)
(Attach copy of rubeola measles immune titer documentation)

_____ Immune titer shows immunity to mumps (month and year)
(Attach copy of mumps immune titer documentation)

Health Care Provider's Name (please print)	Signature	Phone #	Date
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Please mail, fax, or bring completed form to the University Health Center:

- 1232 University of Oregon 97403-1232 – ATTN: Measles/Mumps Compliance
- Phone: (541) 346-2764
- FAX: (541) 346-2747– ATTN: Measles/Mumps Compliance
- Email: uhcmeasl@uoregon.edu