

CERTIFICATE OF IMMUNIZATION & POLICY

Measles Vaccine Requirement

Student Signature ___

This is the official document required for verifying vaccine protection against measles in order to attend NUNM.

In order to comply with the <u>Oregon Immunization Law</u>, all incoming students are required to show evidence of immunity to measles (Rubeola) and mumps (MMR) or an acceptable form of exemption. NUNM has developed the following policy:

Every incoming student at NUNM who is taking eleven (11) credits or more who was born on or after January 1, 1957, must provide the school with evidence of having received two doses of measles vaccine on or after his/her first birthday with a minimum of 30 days between doses. If month and year of first dose are not available, documentation of the second dose in or after December 1989 must be provided. The dates must be accompanied by the student's signature.

This policy will be in effect beginning September 1, 2000. All students entering on or after this date must provide evidence of immunization in order to enroll at NUNM. Students who do not submit documentation of immunization or documentation of exemption will have a hold placed on their records and will not be permitted to register for future terms until they are in compliance.

STUDENT INFORMATION			
Last	First	MI	Birthdate/
Social Security Number	Country of Birth		Phone ()
Mailing Address		City	State Zip
VACCINE HISTORY Please check one and attach docu	umentation of your measles immur	nization records:	
☐ I have had two doses of measl	les on or after my first birthday wh	nich were at least 30 day	s apart.
Dose #1:/	nth/Day/Year D	ose #2://_ Month/Day/Yea	r
☐ I had, but do not know the dat December 1989.	te of my first measles immunizatio	on, but I had my second	measles immunization on or after
Dose #2:/ Month/	// /Day/Year		
☐ A healthcare practitioner can			hows that the student's immunity. accine required after the baby is born.
	a healthcare practitioner must com il module approved by the Oregon		
☐ AGE EXEMPTION: I was b	oorn prior to January 1, 1957.		
ACKNOWLEDGEMENT			
I,is documentation to support this	, hereby understand the vaccine requirement.	measles vaccine require	ement and policy of NUNM. Attached

Date ____/___