



The Office of Admissions encourages you to carefully read through the below guidelines for completing your certificate of immunization form. Immunization requirements must be submitted **prior** to attending New Student Orientation. All students are required to submit NUNM's Certificate of Immunization & Policy form.

**CERTIFICATE OF IMMUNIZATION & POLICY**

This is the official document required for verifying vaccine or immunity protection against various diseases in order to attend NUNM.

In order to comply with the [Oregon Immunization Law](#), NUNM is requiring all incoming graduate and health professional students to show evidence of immunity to various diseases or an acceptable form of exemption. NUNM requires documentation, signed by a licensed healthcare practitioner, that the below vaccinations were received. Additional acceptable documentation is immunity via titer (not valid for Tetanus, Diphtheria, Pertussis); or copy of your immunization record.

All students 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 \_\_\_\_\_

**VACCINATION HISTORY**

Hepatitis B (Hep B)	Measles, Mumps, Rubella (MMR)	Tetanus, Diphtheria, Pertussis (Tdap or Td)	Varicella (Chickenpox) (VZC, VAR)
Please provide Hep B history for the two-dose or three-dose series.  Dose #1: ____/____/____ Dose #2: ____/____/____  OR  Dose #1: ____/____/____ Dose #2: ____/____/____ Dose #3: ____/____/____	Dose #1: ____/____/____ Dose #2: ____/____/____  <input type="checkbox"/> Born prior to January 1, 1957.	Tdap vaccine or Td booster within the past 10 years: Dose: ____/____/____	Dose #1: ____/____/____ Dose #2: ____/____/____
Authorized Signature: _____	Authorized Signature: _____	Authorized Signature: _____	Authorized Signature: _____

**MEDICAL EXEMPTION**

I have received information regarding the benefits and risks of immunizations. I understand that I may be excluded from school attendance if there is a case of disease that could be prevented by vaccine. Attached are the required documents from (check one):

- Student has provided documentation of a blood titer that shows immunity.
- A healthcare practitioner can provide a temporary medical exemption for pregnancy. Vaccine required after the baby is born.
- A healthcare practitioner can provide medical reasons for exemption to specified vaccinations. Diagnosis that warrants exemption, date of diagnosis, and whether the condition will resolve (along with a timeframe) must be noted below.

<input type="checkbox"/> Diphtheria/ Tetanus/Pertussis	_____	_____	<i>Will this resolve?</i>
	Diagnosis (and date of diagnosis)	Authorized signature	Y _____
			<input type="checkbox"/> Approx. Date
<input type="checkbox"/> Hepatitis B	_____	_____	Y _____
	Diagnosis (and date of diagnosis)	Authorized signature	<input type="checkbox"/> Approx. Date

<input type="checkbox"/> Varicella	_____	_____	<i>Will this resolve?</i> Y _____
	Diagnosis (and date of diagnosis)	Authorized signature	<input type="checkbox"/> Approx. Date
<input type="checkbox"/> Measles/Mumps/Rubella	_____	_____	Y _____
	Diagnosis (and date of diagnosis)	Authorized signature	<input type="checkbox"/> Approx. Date

Healthcare provider's name & phone number: \_\_\_\_\_

**NON-MEDICAL EXEMPTION**

*(Available ONLY to students not entering a clinical program or the health center through work-study, electives, etc.)*

\_\_\_\_\_ (Please initial) I affirm that I do not plan to engage in the clinical environment at NUNM either through my program or as a work-study student. Should I plan on doing this in the future, I understand that I will need to provide proof of immunity to the diseases as noted in the above section.

Please provide the paperwork from one of the options below for any non-medical exemption:

- For a nonmedical exemption, a healthcare practitioner must complete the [Vaccine Education Certificate form](#).
- Watch the vaccine educational module approved by the Oregon Health Authority: [Vaccine Education Module](#). Vaccine Education Certificate required.

**ACKNOWLEDGEMENT**

I, \_\_\_\_\_, hereby understand the immunization requirements and policy of NUNM. Attached are supporting documents to the immunization requirements.

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

**How to complete:**

- 1) All students must complete the student information section and sign/date the bottom.
- 2) For your immunization history, you have several ways to complete this:
  - a. Your PCP can complete the vaccination history information and sign for it in the authorized signature section.
  - b. You can provide your immunization records and simply complete the student information section and sign/date the bottom. With this option, it's not necessary for your PCP to sign the form.
  - c. A mixture of 2 and 3 if your PCP has record of some of your immunizations, and you have record of the others (or vice versa).

Doctor of Naturopathic Medicine (ND), Doctor of Acupuncture with a Chinese Herbal Medicine Specialization (DAcCHM) or Master of Acupuncture with a Chinese Herbal Medicine Specialization (MAcCHM) students are required by state law to provide proof of immunity for **all** vaccinations. The **only** exception is if you're able to provide a **medical exemption** from your doctor's office.

All other students are encouraged to provide all immunizations, especially in the event you'd like to enter a clinical program in the future or complete work-study, electives in the clinic. However, you do have the option to complete a non-medical exemption for some or all of the vaccines.

### **Acceptable forms of proof of immunity:**

- 1) Immunization records
- 2) Receipts showing immunization given along with dates
- 3) Doctor listing dates immunizations received, and signing the certificate of immunization & policy form
- 4) Titer results confirming current immunity (**note**: titers for Tdap are **not** accepted)
  - i. If any titers return as not immune, the Office of Admissions will need you to submit proof you've obtained the necessary booster/vaccine.
- 5) Other- Above are the common forms of documentation, however, there are others we may accept. You may contact the Office of Admissions if you'd like to clarify what is acceptable.

### **How to complete the non-medical exemption (non-clinical programs only)**

- 1) Watch the [vaccine education module](#) and sign the certificate of completion for it.
  - a. If you only need exemption from the MMR, you may watch either the Parent/Guardian education module or the College Student education module
  - b. If you need exemption from the HEP B, Tdap or Varicella, you **must** watch the Parent/Guardian vaccine education module. The College Student one is unacceptable as it only provides exemption from the measles (MMR).

- 2) After watching the vaccine education module, print the certificate, and sign/date it.

### **Immunizations – Special notes**

- 1) HEP B is a two-dose or three-dose series that can take up to 6 months to complete. If you need to start at the beginning of the series, it's best to start as soon as possible to complete your immunizations prior to classes starting in the fall.
- 2) Tdap or TD – must be completed within the last 10 years
  - a. If your last Tdap was given at 18 years or older, than your next booster shot can be the Td
  - b. If your last Tdap was given at 17 years or younger, than your next booster needs to be the Tdap
- 3) Varicella – other acceptable forms of documentation include providing medical documentation of a history of varicella or herpes zoster.

**You will be contacted if additional information or documentation is needed.**