



## 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 INFORMATION

Hepatitis B (Hep B)	Measles, Mumps, Rubella (MMR)	Tetanus, Diphtheria, Pertussis (Tdap or Td)	Varicella (Chickenpox) (VZC, VAR)
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: _____

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

### 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	Diagnosis (and date of diagnosis)	Authorized signature
<input type="checkbox"/> Hepatitis B	Diagnosis (and date of diagnosis)	Authorized signature
<input type="checkbox"/> Varicella	Diagnosis (and date of diagnosis)	Authorized signature
<input type="checkbox"/> Measles/Mumps/Rubella	Diagnosis (and date of diagnosis)	Authorized signature

*Will this resolve?*

Y \_\_\_\_\_  
 Approx. Date

Y \_\_\_\_\_  
 Approx. Date

Y \_\_\_\_\_  
 Approx. Date

Y \_\_\_\_\_  
 Approx. Date

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

(form continues on 2<sup>nd</sup> page)

**NON-MEDICAL EXEMPTIONS**

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*(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 \_\_\_\_/\_\_\_\_/\_\_\_\_