



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.

This policy will be in effect beginning September 1, 2015. 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 _____

VACCINATION HISTORY

Hepatitis B (Hep B)	Measles, Mumps, Rubella (MMR)	Tetanus, Diphtheria, Pertussis (TDaP or Td)	Varicella (Chickenpox) (VZC, VAR)
Dose #1: ____/____/____	Dose #1: ____/____/____	TDaP vaccine or Td booster within the past 10 years:	Dose #1: ____/____/____
Dose #2: ____/____/____	Dose #2: ____/____/____		Dose #2: ____/____/____
Dose #3: ____/____/____	<input type="checkbox"/> Born prior to January 1, 1957.	Dose: ____/____/____	
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 (cannot be used for Tetanus, Diphtheria, Pertussis).
- 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	_____
<input type="checkbox"/>	Approx. Date
Y	_____
<input type="checkbox"/>	Approx. Date
Y	_____
<input type="checkbox"/>	Approx. Date
Y	_____
<input type="checkbox"/>	Approx. Date

Healthcare provider's name & phone number: _____

ACKNOWLEDGEMENT

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

Student Signature _____ Date ____/____/____