

Measles (Rubeloa) Immunity Documentation Form

Name _____	A# _____	Date of _____ / _____ / _____
<i>Last</i>	<i>First MI</i>	<i>(Evergreen ID number)</i> Birth <i>Month</i> <i>Day</i> <i>Year</i>
Address _____		Phone _____

Measles (Rubeola) can be a serious and life-threatening illness. As a public health measure for the safety of all members of our campus community Evergreen has adopted the following immunization requirement, using guidelines and recommendations provided by the US Center for Disease Control, the American College Health Association, and state and local Public Health Departments.

*This requirement applies to all new undergraduate and graduate students. To meet the requirement, complete one of the options below, sign this form, and submit to Student Wellness Services. If you were born before January 1, 1957, please submit this form with your date of birth circled or highlighted in order to have your Rubeola immunity status documented.
Detailed instructions are located on page 2, and at www.evergreen.edu/health/measles-immunity-requirement.*

Option 1: **Documentation** that you have had 2 Measles (Rubeola) vaccines since 1969

Option 2: **Documentation** that you have had the disease of Measles (Rubeola)

Option 3: **Documentation** that you have had a positive Measles (Rubeola) antibody test (Titer)

Option 4: For a medical or religious reason, you may sign **the Measles Immunity Waiver on the back of the form.**

Option 1 - I have received two valid* doses of MMR or Rubeola Vaccine.

***Doses are valid if received at 12 months of age or older, administered at least one month apart, and not compromised by other immunizations.**

Date of the first immunization: _____ Date of the second immunization: _____

see attached documents

Health Care Provider signature (if unable to provide documentation): _____

Provider/Clinic Address: _____

Provider/Clinic Phone: _____

Option 2 - I have had Rubeola Measles and was diagnosed by my Health Care Provider.

Date of Rubeola Measles diagnosis: _____ see attached medical records

Health Care Provider signature (if unable to provide medical record documentation): _____

Provider/Clinic Address: _____

Provider/Clinic Phone: _____

Option 3 - I have had a Rubeola Titer blood test, which indicates that I am immune to Rubeola Measles.

Date of blood test: _____ Titer Results _____ see attached document(s)

Health Care Provider signature (if unable to provide lab results documentation): _____

Provider/Clinic Address: _____

Provider/Clinic Phone: _____

I certify that the above statement(s) are accurate and true to the best of my knowledge.

Student signature: _____

Date: _____

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Measles (Rubeola) Immunity Waiver

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<i>Last</i>	<i>First MI</i> <i>(Evergreen ID number)</i>	<i>Birth Month Day Year</i>
Address _____		Phone _____

Option 4:		
Due to a medical or religious reason, I cannot receive or choose to decline immunization. In the event of a measles case or outbreak on campus, I agree to comply with the Evergreen State College quarantine or isolation procedures, as recommended by the Center for Disease Control and Prevention <u>and</u> the state and local Health Departments. I understand that this will result in campus for a minimum of 2 weeks from the time of the last diagnosed case, resulting in missed classes, coursework, student employment, and any other campus activity for the duration of the exposure risk, which would be a <u>minimum</u> of 14 to 21 days.		
Student name (printed) _____		
Student signature: _____		Date: _____

Please keep copies of your documents for your own records.

Do not send originals of your supporting documentation, we will not be able to provide them at a later date.

Acceptable forms of documentation (*copies only, please keep your originals*):

- School Certificate of Immunization
- Immunization records from your health care provider, public health department, or state Immunization Information System (IIS)
- Copy of your immunization card
- Copy of your military immunization record

"Proof of Measles (Rubeola) Immunity" means:

1. Two doses of measles (Rubeola) vaccine received on or after your first birthday, at least one month apart, and not compromised by other vaccines. *Vaccines received the same day as an MMR are fine, but vaccines received less than one month before or after the MMR may compromise (invalidate) the dose.*
2. A blood test showing measles (Rubeola) immunity
3. Diagnosed measles (Rubeola) disease (copy of medical record documentation or health care provider's signature required)

If you do not have documentation of Measles (Rubeola) immunity, you can:

- Obtain measles immunization(s) or get a Rubeola titer (blood test) from your private health care provider, pharmacist, or public health department.
- Obtain the Measles (Rubeola) titer blood test from Student Wellness Services at a reduced cost, billable to your student account. Call 360-867-6200 during our open hours for information about current costs and availability.

Submit this form and any supporting documentation to Student Wellness Services (SWS) or Registration and Records (*who will forward to SWS*) before Week 7 of your first quarter of classes.

- Email: studentwellnessservices@evergreen.edu or registration@evergreen.edu

Please note: confidentiality of email cannot be guaranteed.

- Fax (SWS): 360-867-6787
- Mail (SWS): Student Wellness Services
2700 Evergreen Parkway NW
Seminar 1 – 2110
Olympia, WA 98505