



MEASLES IMMUNIZATION DOCUMENTATION FORM

Name: _____

TESC ID Number: _____

Date of Birth: _____

Phone: _____

Address: _____

In order to maintain the health and safety of all members of our campus community, Evergreen has adopted the following immunization requirement guideline from recommendations by the US Center for Disease Control, the American College Health Association as well as the state and local Public Health Departments. **This requirement applies to all new undergraduate and graduate students born on or after January 1, 1957.** To meet the requirement you need:

1. Proof and **SIGNATURE** from a doctor/clinic that you have had 2 measles (rubeola) vaccines since 1969, **OR**
2. Proof and **SIGNATURE** from a doctor/clinic that you have had the disease of measles (rubeola), **OR**
3. Proof and **SIGNATURE** from a doctor/clinic that you have a positive measles (rubeola) antibody test, **OR**
4. If you have no proof and do not want the vaccine for a medical, religious or personal reason, you can sign the Waiver. Read carefully below.

I have received two doses of MMR or Rubeola Vaccine.

Date of the first immunization: _____

Date of the second immunization: _____

Health Care Provider signature: _____

Health Care Provider signature: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

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

Date of Measles case/diagnosis: _____

Health Care Provider signature: _____

Phone: _____

Address: _____

I have had a blood test (Rubeola Titer), which indicates that I am immune to Rubeola Measles.

Date of blood test: _____

Health Care Provider signature: _____

Phone: _____

Address: _____

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

Student's signature: _____

Date: _____

Continue for Waiver Documentation if needed.

Measles Immunization Waiver

Due to medical, religious, or personal reasons, I choose to decline immunization. In the event of a measles case or outbreak on campus, I agree to comply with quarantine or isolation procedures as recommended by the Center for Disease Control and Prevention and the state and local Health Departments.

I understand that this will likely result in missing classes or any other campus activity, including student employment, for the duration of the exposure risk, which would be a minimum of 14 to 21 days.

Student signature: _____

Date: _____

Please keep a copy of your immunizations for your personal records.