

Vaccine Education Certificate

Health Care Practitioner Documentation For College/University Students

Directions for Health Care Practitioners:

1. Write student's name below.
2. Sign and date the form.
3. Indicate the type of health care practitioner.
4. Fill in clinic name below.

I have reviewed the information about the benefits and risks of measles vaccination with:

Student's name (printed): _____
Date of Birth

Pursuant to the rules adopted under ORS 433.273, for attendance to an Oregon college or university, for the vaccine-preventable disease measles.

Health Care Practitioner's Signature: _____
Date

MD DO ND NP PA RN working under the direction of an MD, DO, ND or NP

Clinic Name: _____

Optional: ORS 433.267 states that this document may include the reason for declining the immunization. Immunization is being declined because of:

Religious belief Philosophical belief Other