



Oregon Certificate of Immunization Status for Colleges & Universities Oregon Health Authority, Immunization Program

Oregon law requires proof of immunization be provided or a nonmedical or medical exemption be signed prior to attendance at a college or university. This information is being collected on behalf of the Oregon Health Authority, Immunization Program and may be released to the Authority or the local Public Health Department by the institution upon request of the Authority. Please list immunizations in the order they were received.

Last Name	First	Middle Initial	Birthdate
Mailing Address	City	State	Zip Code
Telephone Number		Alternate Contact Number	

Required Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Measles/Mumps/Rubella (MMR)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)
<i>or</i>					
Measles vaccine only	/ /	/ /			
Mumps vaccine only	/ /	/ /			
Rubella vaccine only	/ /	/ /			
MMR No Date for Dose 1, Dose 2 received after December 1989 (for students born prior to 1984)		/ /			

Age exemption for measles

Please indicate your date of birth, if born before 1957: _____
Month / Day / Year

For medical exemptions:

Please submit a **letter signed by a licensed physician stating:**

- Name
- Birth Date
- Medical condition that contraindicates vaccine
- List of vaccines contraindicated
- Approximate time until condition resolves, if applicable
- Physician's signature

Physician's contact information, including phone number

PPD	Date Administered	/ /
	Date Read	/ /
	Reading	mm

Nonmedical Exemption:

I have received information regarding the benefits and risks of immunizations. I understand that I may be excluded from school if there is a case of disease that could be prevented by vaccine. I have attached the required document from (check one):

- A health care practitioner
- The vaccine educational module approved by the Oregon Health Authority

Signature _____ Date _____

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

I certify that the above information is an accurate record of this immunization history.

Signature _____ Date _____
Update Signature _____ Date _____

See Reverse for Recommended Vaccine Record



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Recommended Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria/Tetanus/Pertussis Booster (Td, Tdap)	/ /	/ /			
Varicella (Chickenpox) [VZV or VAR] <input type="checkbox"/> Check here if student has had chickenpox disease / / (mm/dd/yy)	/ /	/ /			
Hepatitis B (Hep B)	/ /	/ /	/ /		
Hepatitis A (Hep A)	/ /	/ /			
Meningococcal (MCV4)	/ /	/ /			
Other Vaccine(s) Please specify:	/ /	/ /	/ /	/ /	/ /
	/ /	/ /	/ /	/ /	/ /

I certify that the above information is an accurate record of this immunization history.

Signature _____ Date _____

Update Signature _____ Date _____