

# Proof of Immunization

Last Name <i>(Please Print)</i>	First Name	M.I.
Date of Birth	Washington State University ID Number:	
I Will Begin Classes <i>(circle one)</i> :    Fall Semester    OR    Spring Semester    OR    Summer Session		

Measles can be a serious and life threatening illness. As a public health measure and in accordance with the Centers for Disease Control guidelines, the University requires verification of measles (Rubeola) immunity for all students born after December 31, 1956. **You may not be permitted to register for courses without proof of measles (Rubeola) immunity on record at Health and Wellness Services.**

**Proof of immunity means:**

1. Two doses of measles (Rubeola) vaccine received after one year of age, at least one month apart, *or*
2. A blood test showing measles (Rubeola) immunity, *or*
3. Diagnosed measles (Rubeola) disease (health care provider's signature required).

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

1. School Certificate of Immunization, *or*
2. Official immunization records from your health care provider or public health department, *or*
3. Copy of your immunization card, *or*
4. Copy of your military immunization record, *or*
5. This form completed and signed by your health care provider.

Please fill in ONE of the following:

1. **Measles (Rubeola) vaccine** (may be MMR, MR, M).  
Two doses of measles (Rubeola) vaccine received after one year of age, at least one month apart  
#1 date \_\_\_\_/\_\_\_\_/\_\_\_\_      #2 date \_\_\_\_/\_\_\_\_/\_\_\_\_
2. **OR Measles (Rubeola) disease.** Date of diagnosis: \_\_\_\_/\_\_\_\_/\_\_\_\_
3. **OR Measles (Rubeola) immune titer.** Immunity Adequate? YES \_\_\_\_ NO \_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_
4. **OR Medical exemption.** I certify that the person named above has a medical reason not to have the measles vaccine.  
Reason: \_\_\_\_\_

Health care provider's name

Health care provider's signature

Date

*If you have reason to be exempt on religious or personal grounds, please call Washington State University Health and Wellness Services at 509-335-3575.*

**Return a copy of your official records (or this form) to:**

Health and Wellness Services  
Washington State University  
PO Box 642302  
Pullman, WA 99164-2302  
FAX: 509-335-6223

## Questions?

Please call 509-335-3575.

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