

Mount Angel Seminary Application

Measles Immunization Policy

Mount Angel Seminary has adopted the following policy in order to comply with Oregon law regarding immunization for measles.

Every full-time student entering Mount Angel Seminary who was born on or after January 1, 1957, must provide the school with evidence of having received two doses of measles vaccine on or after his/her first birthday with a minimum of 30 days between doses. If month and year of first dose are not available, documentation of the second dose on or after December 1989 must be provided. The dates must be accompanied by the student's signature.

Exceptions to this policy are as follows:

1. Religious beliefs prohibiting immunization.
2. Students providing physician documentation of a medical condition, which prevents individual from using vaccine.
3. Students providing documentation of adequate measles (rubella) titer.
4. Students providing documentation of having had the disease. This document must state month and year and be signed by a physician or nurse practitioner.

Procedure

At the time of registration, each new full-time student will be required to present a *Certificate of Immunization* indicating that he or she has received the necessary immunization or has reason for a legitimate exemption. The **student must sign** the *Certificate of Immunization*, and it should accompany the other application materials.

Any questions regarding this policy should be directed to the Registrar of Mount Angel Seminary.

Mount Angel Seminary Application



Certificate of Immunization

Completion of this document verifying vaccine protection against measles is required in order to attend Mount Angel Seminary. Dates of immunization accompanied by the student's signature will be accepted as evidence. Exceptions are explained in the policy.

Name _____
Last First MI

Birth Date _____ Country of Birth _____

Social Security No. _____

Mailing Address (Home) _____

City _____ State _____ Zip _____ Country _____

Phone _____

Mailing Address (Local if different) _____

City _____ State _____ Zip _____ Phone _____

Vaccine History

I have had two doses of measles on or after my first birthday, which were at least 30 days apart.

1st Dose Date _____ 2nd Dose Date _____
Month/Year Month/Year

I do not know the date of my first measles vaccination. I had my second measles vaccination on or after December 1989.

2nd Dose Date _____
Month/Year

Medical or Religious Exemption (please check one)

My measles (rubella) titer report is attached and indicates I am immune to measles.

A signed, dated, physician or nurse practitioner statement is attached indicating I had measles (rubella).

A signed physician or nurse practitioner statement is attached verifying I have a medical reason for not receiving the immunization (i.e., immunocompromised state, anaphylactic reactions to eggs, etc.)

Because of religious beliefs, I waive the second dose measles vaccination requirement. I understand that I may be excluded from class should an outbreak of measles occur.

Student Signature _____