



All new incoming UO students are required to comply with the immunization requirements. All students must provide proof of required vaccinations. We prefer for you to submit a copy (in English) of your official, personal immunization record or positive (+) antibody titers. If your immunization record is not available, this certificate may be used as an alternative. It must be signed by your healthcare provider as proof of your required vaccinations. This information is being collected on behalf of UO policies and Oregon State law (ORS 433.282 and 433.284) that requires a completed series of Measles, Mumps, and Rubella (MMR) vaccinations. Along with the MMR vaccination, UO policies also require Meningococcal (MenACYW-135), Tdap, Varicella, and a Tuberculosis (TB) screening questionnaire.

Last Name First Middle Initial Birthdate

Mailing Address City State Zip Code

Student ID Number Cell Phone Number Incoming Term Year

Table with 3 columns: Required Vaccines, Dose 1 (mm/dd/yy), Dose 2 (mm/dd/yy). Rows include Tetanus/Diphtheria/Pertussis, Varicella (Chickenpox) [VZV or VAR], Measles/Mumps/Rubella (MMR) with sub-rows for Measles, Mumps, and Rubella vaccines, and Meningococcal (MenACYW-135) for students under 22.

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

Healthcare Provider - Print Name (MD/NP/PA) Signature Phone Date

Last Name First Birthdate Student ID Number

Recommended Vaccines	Dose 1 (mm/dd/yy)	Dose 2 (mm/dd/yy)	Dose 3 (mm/dd/yy)
Hepatitis A series			
Hepatitis B series			
Human Papilloma Virus (HPV) (9 years or older)			
Meningitis B (circle one) Trumenba or Bexsero			
Seasonal Influenza (Flu)			

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

Healthcare Provider – Print Name (MD/NP/PA) Signature Phone Date

For medical exemptions:

Please submit a letter signed by a licensed Physician stating:

- Student's name
- Birth date
- Medical condition that contraindicates vaccine
- Approximate time until condition resolves, if applicable
- Physician's signature and date
- Physician's contact information, including phone number

For Immunity Documentation (history of disease or positive titer): **Please submit a letter signed by a licensed physician stating:**

- Student's name and birth date
- Diagnosis or lab report
- Physician's signature and date

Non-medical Exemption:

I have received information regarding the benefits and risks of immunization. For measles and mumps (MMR), I understand that I may be excluded from campus if there is a case of disease that could be prevented by vaccination. I understand the University of Oregon policy for exclusion. I have attached the required document from (check one):

- A health care practitioner Vaccine Education Certificate
- The College Measles Module Vaccine Education Certificate

I understand that I may decline one or more vaccinations and request that I be exempted from the following required immunizations (check all that apply):

- Diphtheria/Tetanus/Pertussis (Tdap)
- Varicella (Chickenpox)
- Measles, Mumps, Rubella (MMR)
- Meningococcal (MenACYW-135)

Student 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