

## Immunization Instructions

Oregon State University is required by law to assure all students have completed the Immunization form. Oregon State University-Cascades Campus students, faculty, and staff are in close quarters and can be exposed to a number of diseases. The health of our campus community is important to us all. Failing to comply with the immunization requirements by the end of your first term at OSU-Cascades (**All UO and OSU students**) will **BLOCK** your registration and financial aid for the upcoming term.

### REQUIRED IMMUNIZATIONS

Entering students born after January 1, 1957 must have:

- Measles: A. Two documented doses of measles vaccine given ON or AFTER the first birthday (at least 30 days apart).  
B. Physician documentation of measles disease, or  
C. Lab test documenting immunity to measles disease.
- Mumps: A. One documented dose of mumps vaccine given ON or AFTER the first birthday or,  
B. Physician documentation of mumps disease, or  
C. Lab test documenting immunity to mumps disease.
- Rubella: A. One documented dose of rubella vaccine given ON or AFTER the first birthday, or  
B. Lab test documenting immunity to rubella disease. Documentation of rubella disease does not satisfy the requirement for proof of immunization or rubella.

If you were born before January 1, 1957 you are exempt from the immunization requirements. Check the box in exceptions that applies to your birth date, sign, and return the form.

### Locating Immunization Records

Send in a photocopy of the immunizations you have received along with the Health History Form. If you choose to photocopy your records, the copy should include your name, date of birth or social security number, the date the vaccine was given, and clinic stamp or the initials of the person who administered the immunization. **DO NOT SEND IN ORIGINAL IMMUNIZATION RECORDS.**

You may be able to obtain these records from:

- Your doctor's office or medical clinic
- Your public health department
- Your personal immunization card (signed by clinician)
- Your high school immunization records

***If there is no documentation of your immunizations, you must be re-immunized.***

### INTERNATIONAL STUDENTS

**Tuberculosis Screening** - Students from COUNTRIES OTHER THAN THE U.S. are required to have a tuberculin skin test and /or chest x-ray on entrance to the university. Any records submitted to fulfill this requirement must be from a medical office in the USA. Please check with International Student Coordinator on how to fulfill this requirement.

**EXEMPTIONS**

Students can be exempted from the immunization requirements if there is a medical contradiction or if a religious belief prohibits immunizations. A signed statement from your health care provider is required to be medically exempt. For more information, please contact OSU-Cascades at (541)322-3100.

**REMEMBER TO...**

Fill out your immunization form completely so it will be processed quickly. Please remember to check over your health form and your immunization record to be sure they are complete. Please sign and date your form. Put your name and student ID number on all documentation for immunizations and be sure to staple a copy of the documentation of immunizations to the form.

**Required Information—please complete**

When are you beginning school? Term/YR	Have you attended OSU before? Term/YR
Last Name    First    Middle	What University are you registered with? UO or OSU
Permanent Mailing Address	Mailing Address while at school, if different than permanent address.
Permanent Telephone Number	Current Contact Telephone Number
OSU-Cascades ID Number	Sex            Date of Birth            Mo. Day Yr. M   F                                    _/___/___
Country of Citizenship	Whom should we contact in an Emergency? Name                                    Relationship
Emergency Contact Telephone Number (Area Code) Home & Work Phone	Emergency Contact Address

Exemptions to Immunizations: If you are claiming exemptions to immunizations please check the appropriate box below.

- [ ] Born before January 1, 1957 (exemption)
- [ ] Medical or Religious (additional information will be sent to you)

**Immunization services are available locally at the Deschutes County Health Department at (541) 322-7400.**

**I read and understand the information on this form. To the best knowledge, the health and immunization history I have given is accurate. I understand that if this form is incomplete, I must seek out immunization services before registering.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Counseled By: \_\_\_\_\_