

Measles Immunity Report Form**Student Information – Please Print or Type (if we can't identify you, we can't clear you)**

Name: _____ Student Number: _____

Current Mailing Address: _____
Address City State Zip code

Current Email Address: _____

Date of Birth: _____ Current Phone: () _____

Submit ONE of the following as evidence of immunity to measles (rubeola):

-
- 1)
- Paper documentation of two individual vaccinations**
- against
- rubeola**
- measles (
- not rubella
-), usually referred to as measles or MMR. The doses must have been given (1) after January 1, 1968, (2) at least 30 days apart, and (3) on or after 12 months of age.
- A copy of a medical provider vaccination record sheet or a copy of an official immunization card showing two individual administration dates for the rubeola vaccine is attached to this form.*

-OR-

-
- 2)
- Health Care Provider verification of two individual vaccinations**
- against
- rubeola**
- measles (
- not rubella
-), usually referred to as measles or MMR. The doses must have been given (1) after January 1, 1968, (2) at least 30 days apart, and (3) on or after 12 months of age.
- I'm unable to provide paper documentation of having received these vaccinations. My Health Care Provider (physician or nurse) has signed below as verification that these vaccines for rubeola measles were administered on the dates indicated:*

#1 vaccination date: _____ #2 vaccination date: _____
month/day/year month/day/year*I certify the accuracy of the vaccination dates above:* _____
Health Care Provider's Signature / Title / Date

Name: _____ Telephone () _____

Address (office stamp okay): _____

-OR-

-
- 3)
- History of disease**
- (
- Health Care Provider verification required*
-): _____
-
- month/day/year

I certify that this individual had clinical rubeola measles disease: _____
Health Care Provider's Signature / Title / Date

Name: _____ Telephone () _____

Address (office stamp okay): _____

-OR-

-
- 4)
- Positive blood test for antibodies**
- against
- rubeola**
- (
- not rubella
-).
- A copy of the lab test result is required.**
-
- I have attached a copy of my lab test result to this form.*

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(360) 650-3400 FAX (360) 650-3883**Student.Health@wwu.edu www.wwu.edu/chw/student_health/measles.html**