

Oregon law (ORS 433.283) requires that students born on or after January 1, 1957 involved in clinical experiences in allied health programs, practicum experiences in education and child care programs, and membership on intercollegiate sports teams have current immunizations for measles prior to each student's participation.

Students enrolling in clinical or practicum for dental assistant, early childhood education, emergency medical services, human services, medical assistant, nursing, pharmacy technician, practical nursing, certain skills training, sterile processing technician, or participating in intercollegiate sports must complete this form and submit it to Rogue Central on any RCC campus. Students may also be required to provide documentation of measles immunizations. Check with individual department. **Form must be submitted before registering for clinical or practicum or participating in intercollegiate sports.**

Name _____ Student ID _____

Mailing Address _____ City _____ State _____ Zip _____

Phone (_____) _____ Email _____

Birthdate (mm/dd/yyyy) _____

Program (check one):

<input type="checkbox"/>	Dental Assistant
<input type="checkbox"/>	Early Childhood Education
<input type="checkbox"/>	Emergency Medical Services
<input type="checkbox"/>	Human Services
<input type="checkbox"/>	Intercollegiate sports

<input type="checkbox"/>	Medical Assistant
<input type="checkbox"/>	Medical Assistant: Phlebotomy
<input type="checkbox"/>	Nursing
<input type="checkbox"/>	Pharmacy Technician
<input type="checkbox"/>	Practical Nursing

<input type="checkbox"/>	Sterile Processing Technician
<input type="checkbox"/>	
<input type="checkbox"/>	

IMMUNIZATION HISTORY (check one):

- I have had two documented doses of measles-containing vaccine. Date of dose #1 _____ Date of dose #2 _____
- I was born before 1/1/1984 and have had one does measles-containing vaccine given in or after 1989. Date of dose _____
- I have serologic (lab results) proof of immunity to measles (attach lab results)

Student's signature _____ Date _____

EXEMPTIONS (Complete one of the following statements):

- AGE: My date of birth is prior to January 1, 1957; therefore I am exempt from the immunization requirements.

Student's signature _____ Date _____

- MEDICAL:

- Measles disease diagnosed by a physician. Date of disease _____
- Measles Titer Date _____ Test Results _____
- Valid medical contraindication. Indicate specific condition(s) _____

Signature of Physician or Health Dept. Representative _____ Title _____ Date _____

- NONMEDICAL: I have received information regarding the benefits and risks of immunizations I understand that I may be excluded from school if there is a case of disease that could be prevented by vaccine. I have attached the required document from (check one):

- A health care practitioner who can provide a signed Vaccine Education Certificate, or
- Watch an online vaccine educational module approved by the Oregon Health Authority (www.healthoregon.org/vaccineexemption) and print certificate

Student's 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

Office Use Only

Date received _____ Received by _____

Scan into student's record or send to Rogue Central for scanning