IMMUNIZATION REQUIREMENT WAIVER FORM

Per Oregon Law (ORS 433.282 and 433.284), corresponding Administrative Rules (OAR 333-050-0130) and OSU policies, all incoming students are required to be immunized against Measles, Mumps, Rubella (MMR); Varicella (chicken pox); Tetanus, Diphtheria, Pertussis (Tdap); Hepatitis B; and certain strains of Meningococcal disease (MCV4, MenACWY). Students may, however, claim exemption from immunization for certain specified medical or non-medical reasons.

Student instructions:
- For exemption please call the student health services (SHS) nurse at 541-737-2724
- Fill in date and name of person you talked to below
- Return Form to Enrollment Services by next business day
- SHS will validate form and Enrollment Services will update immunization information

Medical exemptions include:
- Diseases which lower resistance to infection (e.g. cancer, AIDS)
- Present use of medications which lower resistance to infection (e.g. oral cortisone, anti-cancer drugs)
- History of allergic reaction or health complications resulting from previous MMR immunization
- Pregnancy or breast feeding

_____ I have a medical condition which precludes me from receiving immunizations.

Non-medical exemptions include:
- Having a system of belief, practices or ethical values which does not support the use of immunizations

_____ I have a non-medical reason that does not support my use of immunizations.

Students claiming exemption are required to:
- Adhere to isolation or quarantine requirements should there be a measles, mumps, rubella or varicella outbreak at OSU. Isolation requirements include being removed from university classes and living groups for the period of time that the first case is confirmed until the last case is no longer contagious.
- Assume all expenses for alternative housing related to isolation or quarantine requirements in the event of a measles, mumps, rubella or varicella outbreak at OSU.

I have read and understand the risks of non-immunization and subsequent requirements in case of disease outbreak, and have no further questions.

<table>
<thead>
<tr>
<th>Student Signature</th>
<th>OSU ID #</th>
<th>Date</th>
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Student (Print Name)

Student Health Services: (fill in with the information the nurse provided)

<table>
<thead>
<tr>
<th>Name of SHS Nurse</th>
<th>Date</th>
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For office use only ( ) Permanent Waiver ( ) Temporary Waiver: expiration date

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<tr>
<th>Staff Signature</th>
<th>Date</th>
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Vaccine Education Certificate
Health Care Practitioner Documentation
For College/University Students

Directions for Health Care Practitioners:
1. Write student’s name below.
2. Sign and date the form.
3. Indicate the type of health care practitioner.
4. Fill in clinic name below.

I have reviewed the information about the benefits and risks of vaccination with:

Student’s name (printed):

Pursuant to the rules adopted under ORS 433.273, for attendance to an Oregon college or university, for the vaccine-preventable disease measles.

Health Care Practitioner’s Signature: ____________________________ Date

☐ MD  ☐ DO  ☐ ND  ☐ NP  ☐ PA  ☐ RN working under the direction of an MD, DO, ND or NP

Clinic Name: ____________________________

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

Oregon Health Authority
2/2014