

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"/>	Nursing
<input type="checkbox"/>	Pharmacy Technician
<input type="checkbox"/>	Practical Nursing
<input type="checkbox"/>	Skills Training

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

IMMUNIZATION HISTORY (check one):

- I have had two doses of live measles vaccine after the age of 12 months, which were at least 30 days apart.  
 Date of dose #1 \_\_\_\_\_ Date of dose #2 \_\_\_\_\_
- I do not have the date of my first dose, but my second dose was after December 1989  
 Date of dose #2 \_\_\_\_\_

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](http://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**