

## MARYLHURST UNIVERSITY

### OFFICE OF ADMISSIONS

17600 Pacific Highway (Hwy. 43)  
P.O. Box 261 • Marylhurst, OR 97036-0261  
503.699.6268 • 1.800.634.9982, ext. 6268  
FAX: 503.635.6585  
email: [studentinfo@marylhurst.edu](mailto:studentinfo@marylhurst.edu)  
Web site: [www.marylhurst.edu](http://www.marylhurst.edu)



## MARYLHURST UNIVERSITY IMMUNIZATION POLICY

In order to comply with Oregon law regarding a second measles vaccination for college students, Marylhurst University has developed the following policy:

Every full-time, on-campus\* student at Marylhurst University who was born on or after January 1, 1957, must provide the school with evidence of having received two doses of measles vaccine on or after his/her first birthday with a minimum of 30 days between doses. If month and year of first vaccine are not available, documentation of the second dose after December 1, 1989, must be provided. The dates must be accompanied by the student's signature.

\* Full-time students are defined as students taking 12 or more quarter credits at the undergraduate level or 9 or more quarter credits at the graduate level as defined by Federal Financial Aid regulations. On-campus students are those taking a minimum of 50% of these credits in an on-campus, face-to-face format. Full-time status is determined based on student-reported intentions at the time of application for admission. Non-degree-seeking students are not eligible for financial aid and are not expected to take a full-time course load.

Exceptions to this policy:

1. Student provides documentation of adequate measles (rubeola) titer.
2. Student provides documentation of having had the disease. This must be signed by a physician, nurse practitioner, physician assistant, or registered nurse working under the direction of an M.D. or D.O.
3. Student provides physician documentation of a medical condition which prevents individual from using vaccine.
4. Religious beliefs of student prohibit immunization.

This policy was created and put into effect beginning September 1, 2000. It was updated to provide an additional exception for part-time and online students on May 1, 2007. All students entering on or after this date who do not meet one of the above exceptions must provide evidence of immunization in order to be allowed to register for classes.

### PROCEDURE:

Marylhurst University will use the following procedure to assure compliance:

1. Each entering student will be required to present documentation of immunization or legitimate exemption to the Office of Admissions prior to registration. This documentation is to be signed by the student.
2. Students who are required to provide proof of vaccination against measles who do not submit a written documentation of immunization or documentation of exemption statement will be not be admitted to the University until they are in compliance.

MARYLHURST UNIVERSITY  
CERTIFICATE OF IMMUNIZATION

OFFICIAL DOCUMENT  
VERIFICATION OF VACCINE PROTECTION against MEASLES  
Required for attendance at Marylhurst University

In order to comply with Oregon law regarding a SECOND MEASLES VACCINATION FOR COLLEGE STUDENTS, every full-time, on-campus entering student who was BORN ON OR AFTER JANUARY 1, 1957, must provide the school with evidence of having received two doses of measles vaccine on or after his/her first birthday with a minimum of 30 days between doses. If month and year of first vaccine are not available, documentation of the second dose after December 1, 1989, must be provided. Dates of immunization accompanied by the student's signature will be accepted as evidence. Exceptions to the policy are listed below.

Full Name (Last, First, Middle) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ Country of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Phone Emergency Phone

VACCINE HISTORY (Check one only.)

\_\_\_\_\_ I have had two doses of measles vaccine at or after the age of 15 months, which were at least 30 days apart.  
First Dose Date \_\_\_\_\_ Second Dose Date \_\_\_\_\_

\_\_\_\_\_ I have had, but do not know the date of my first measles, immunization. I have had my second measles immunization on or after December 1989.  
Second Dose Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

EXEMPTION (Check one only.)

- \_\_\_\_\_ My measles (rubeola) titer report is attached, indicating I am immune to measles.
- \_\_\_\_\_ A signed physician statement is attached, indicating I had the measles (rubeola) and the date of the infection.
- \_\_\_\_\_ A signed physician statement is attached verifying I have a medical reason for not receiving the immunization.
- \_\_\_\_\_ My religious beliefs prohibit my use of the immunization.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_