



Measles Immunization Verification Form

Name: _____ Date of Birth (MM/DD/YY): _____

Student I.D. _____ Circle One: Freshman/Sophomore/Transfer

Sport: _____

This verification is required by State Law (HB2105/Oregon) for students in clinical/practicum activities who were born on or after January 1, 1957. It must be completed and submitted to the Athletic Director's office BEFORE you compete.

Verification of Immunization

Two doses after first birthday (more than 30 days apart)

Date of first dose (Month/Year) _____

Date of second dose (Month/Year) _____

Waive Requirement (all waived immunization requirements must be signed off by a healthcare provider)

Check which applies:

- I have had the measles (Year: _____)
- I have a religious exemption
- I have a medical exemption (must be certified by Physician or Healthcare Provider)

(Please attach Physician or Healthcare Provider signature, and contact information for any of the above waived)

I certify that the above information is accurate:

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

(If student is under the age of 18)