

MEASLES IMMUNITY FORM

Part I: STUDENT INFORMATION

(To be completed by all students; please type or print legibly.)

YR

YR

ADMIT QTR

LAST ATTENDED QTR

NAME(LAST, FIRST MIDDLE)

BIRTH DATE

PERMANENT ADDRESS

CITY, STATE, ZIP CODE

LOCAL ADDRESS (if different from above)

CITY, STATE, ZIP CODE

PHONE #

PERM. PHONE # (if different)

EMAIL (UW preferred)

UW STUDENT NUMBER

Which quarter are you starting classes at UW Tacoma?

QUARTER

YEAR

Part II: PROOF OF MEASLES IMMUNITY

Please check one.

- Option A:** I have attached COPIES of my original immunization records or lab results.
— OR —
- Option B:** I have attached a statement on letterhead stationery from my doctor or healthcare provider.
— OR —
- Option C:** I submit the following certification from my doctor or healthcare provider:
(Healthcare provider certification section below must also be completed and signed.)

HEALTHCARE PROVIDER CERTIFICATION

Vaccination type: (Note: TWO doses needed)

MEASLES MEASLES/RUBELLA MEASLES/MUMPS/RUBELLA

#1 _____ DATE

MEASLES MEASLES/RUBELLA MEASLES/MUMPS/RUBELLA

#2 _____ DATE

— OR —

Positive test for antibodies to measles (*rubeola*). NOT RUBELLA.

DATE OF POSITIVE TITER

— OR —

History of disease

DATE

HEALTHCARE PROVIDER'S NAME

ADDRESS

()
PHONE #

I certify the accuracy of the above information.

HEALTHCARE PROVIDER SIGNATURE / TITLE

DATE

DO NOT WRITE
IN THIS SPACE

STUDENT#

NAME (LAST, FIRST MIDDLE)

NAME

ABOUT MEASLES IMMUNITY VERIFICATION

ALL NEWLY ENROLLED STUDENTS ARE REQUIRED TO PROVIDE PROOF OF MEASLES (RUBEOLA) IMMUNITY.

This information is used to document compliance in the registrar's database. Students must submit measles verification no later than week 3 of their first quarter of attendance or a hold will be placed preventing future registration. (Students enrolled in the Nursing and Social Work programs are exempt from this requirement.)

Students born before Jan. 1, 1957, are considered to be immune to measles and therefore do NOT need to submit proof of immunity.

Proof of immunity means:

1. Documented proof of **two** live measles (*rubeola*) vaccinations, both given after Jan. 1, 1968. These must have been given:
 - a. without immune globulin or other blood products; and
 - b. no earlier than 12 months of age; and
 - c. at least four weeks between doses

— OR —

2. Documented positive measles (*rubeola*) titer (*blood test for antibodies against measles*)

— OR —

3. Documented history from your doctor or healthcare provider of measles (*rubeola*) disease.

INSTRUCTIONS FOR COMPLETING THE MEASLES IMMUNITY VERIFICATION FORM

COMPLETE THE FORM ON THE OTHER SIDE!

1. Complete the top portion of the form titled "Part I: Student Information."
2. The second part of the form offers a choice of how to submit proof of measles immunity. You may either:
 - a. Attach **copies*** of your original immunization records or lab results

— OR —

- b. Attach a statement on letterhead stationery from your healthcare provider

— OR —

- c. Provide certification by your doctor or healthcare provider on the bottom of the form.

3. Submit this form with any necessary documentation by mail or fax, or drop it off in person.

* **Please do NOT send original records.**

Always keep the original or a copy for your own personal records.

SUBMIT COMPLETED FORM WITH ANY NECESSARY DOCUMENTATION TO:

UW TACOMA
Office of the Registrar
Campus Box 358400
1900 Commerce Street
Tacoma, WA 98402

Or FAX 253-692-4414