University of Washington Policy

- All matriculated UW Bothell campus students and all students living in Husky Hall are required to provide proof of measles immunity.

**Proof of Immunity** means:

1. Documented proof of **two** live virus measles (rubeola) vaccinations, both given after January 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 health care provider of measles.

- Students will not be allowed to register for any classes until they have satisfied the UW Measles Requirement.
- The UWB Registered Nurse oversees this program for the Registrar.

**Instructions for Completing the Measles Immunity Verification Form**

1. Students must complete the **student information** portion of the form.

2. Complete the UW Measles Immunity Requirement Form, with one of the following options:
   a. Attach copies of their original immunization records or lab results; OR
   b. Attach a statement on letterhead stationery from their health care provider

   *Please do NOT send original records. Always keep the original or a copy for your own personal records.*

3. Submit this form with your documentation to:
   a. E-mail to **uwbreg@uw.edu**
   b. Mail to:

   **University of Washington Bothell**
   **Office of the Registrar**
   **18115 Campus Way N.E.**
   **Box 358500**
   **Bothell, WA 98011-8246**

   c. Fax to (425) 352-5455 (Office of the Registrar)

   d. Drop off in-person at Husky Hall, room 1130, located at 10909 NE 185th Street, across from Husky Village.
UW Bothell Measles Immunity Requirement Form

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

Last Name: _________________________ First Name: _________________________ Birth Date: __________________
Permanent: ____________________________________________________________ Phone #: __________________
Mailing Address  street  city  state  zip code
Local Address: (if different from above) ______________________________________ Phone #: __________________
  street  city  state  zip code
Student ID #: _________________________ SS #: _________________________ Email Address: __________________________
(If you don’t know it, leave it blank)
Starting quarter at UW Bothell _____________________ Year: ______________ Program: _________________________

PROOF OF MEASLES IMMUNITY

Check your MyUW account for notification of clearance regarding the UW Measles Immunity Requirement

TWO doses of Measles Required:

Please Choose One:
☐ Measles (Rubeola)
☐ Measles/Rubella
☐ Measles/Mumps/Rubella (MMR)

Please Choose One:
☐ Measles (Rubeola)
☐ Measles/Rubella
☐ Measles/Mumps/Rubella (MMR)

Please submit COPY of each shot record with dates

OR

Measles (Rubeola) titer (blood test)
(Not Rubella)

Please submit COPY of lab report with dates

Month  Day  Year
#1  /  /
(Date Immunized (Attach Documentation))

Month  Day  Year
#2  /  /
(Date Immunized (Attach Documentation))

Month  Day  Year

(Titer Date (Attach Documentation))