

MEASLES IMMUNITY VERIFICATION

All enrolled matriculated students are required to provide proof of measles (rubeola) immunity. Students will not be allowed to register for any courses until they have satisfied this requirement.

Students born before January 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 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.

Instructions for Completing the Measles Immunity Verification Form

1. Students must complete the top portion of the form entitled “Part I. Student Information.”
2. The second part of the form offers a choice of how to submit proof of measles immunity. Students may either:
 - A. Attach copies of their original immunization records or lab results; OR
 - B. Attach a statement on letterhead stationery from their health care provider; OR
 - C. Provide certification by their doctor or health care provider on the bottom of the form.

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 (mail, fax, or drop off in person) to:

**University of Washington Bothell
Office of the Registrar
18115 Campus Way N.E.
Box 358500
Bothell, WA 98011-8246
(425) 352-5000
Fax: (425) 352-5455**

MEASLES IMMUNITY VERIFICATION FORM

Part I. 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) | street city state zip code | Phone #: (____) _____ |
| Student ID #: _____ | SS #: _____ | Email Address: _____ |
| (If you don't know it, leave it blank) | | |
| Starting quarter at UW Bothell _____ | Year: _____ | Program: _____ |

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 health care provider.
(NOTE: Must include specific dates of immunization or disease)
- OR**
- Option C:** I submit the following certification from my doctor or health care provider:
(NOTE: Health Care Provider Information section must also be completed and signed)

Health Care Provider Certification:

1. Vaccination (please indicate type): *Note: TWO doses required*

Measles #1 _____
 Measles/Rubella Month/Day/Year
 Measles/Mumps/Rubella (MMR) Date Immunized
(after 1st birthday)

Measles #2 _____
 Measles/Rubella Month/Day/Year
 Measles/Mumps/Rubella (MMR) Date Immunized
(after 1st birthday)

OR

2. Positive test for antibodies to measles (rubeola). **NOT RUBELLA.** _____
Month/Day/Year
Date Immunized
(attach copy of lab report)

OR

3. History of Disease _____
Month/Day/Year
Date of disease
(certified below by health provider)

Health Care Provider Information:

Health Care Provider's name _____
Address _____
City/state/zip _____
Phone # (____) _____

I certify the accuracy of the above information _____
Health Provider Signature Date