

PLEASE READ THE FOLLOWING INFORMATION AND THEN COMPLETE THE REQUIRED FORMS AND RETURN BY MAIL OR FAX.

(For a list of required forms see "REQUIRED FORMS" page.)

In accordance with the Oregon State Health Division, Administrative Rule 333-19-080, documentation of two doses of measles vaccine (rubeola) is required of all entering students who are attending Corban University half-time or more.

REQUIRED

1. **Two Rubeola** (Red Measles) immunizations after 12 months of age if you were born on or after January 1, 1957.

Students can be considered immune to measles only if:

- They were born before 1957 (these people are assumed to have had measles)
- They have physician documentation of immunization with two doses of measles vaccine at least 30 days apart, on or after their 1st birthday.
- Physician diagnosed measles or
- Blood test showing evidence of immunity.

2. **Rubella** (German Measles) after one year of age.

3. **Mumps** after one year of age.

Most often MMR (Measles, Mumps and Rubella) was given as a combination immunization at 15 months of age or later.

The Registrar's office will be notified of students who are not in compliance with the Oregon State Health Division requirements. **Registration to attend classes will not be allowed for students who fail to complete their health requirements.**

Students can discuss any questions regarding the immunization requirements with personnel at Corban University.

YOU MUST FILL OUT THE HEALTH HISTORY FORM TO MEET THIS REQUIREMENT.

IMMUNIZATION EXEMPTION

You may be considered exempt of the immunization requirement if one or more of the following apply:

- You were born before January 1, 1957
- You adhere to a religion that is opposed to immunizations
- There is a medical reason that prohibits you from being immunized

If you are seeking to be exempted from the immunization requirement, please fill out the related section found on the "IMMUNIZATION (2 of 3)" form. Please check which exemption you are seeking and provide the proper signature.

RECOMMENDED IMMUNIZATIONS (8)

- | | |
|---|--|
| 1. Diphtheria/Tetanus (booster dose within last 10 years) | 5. Meningococcal - Menactra (1 dose) |
| 2. Varicella (chicken pox) | 6. Rubella (German/3 day Measles) (1 dose) |
| 3. Mumps (1 dose) | 7. Hepatitis A Series (2 doses) |
| 4. Polio | 8. Hepatitis B Series (3 doses) |

TUBERCULOSIS (TB) SCREENING / FOR ALL STUDENTS BORN IN HIGH INCIDENT COUNTRIES

Students from low-incidence countries, as designated by the Oregon State Health Division, are not required to have TB screening. Low-incidence countries per Oregon State Health Division:

Australia • Austria • Belgium • Canada • Denmark • Finland • France • Germany • Great Britain • Greece • Ireland • Italy
Luxembourg • Netherlands • New Zealand • Norway • Portugal • Spain • Sweden • Switzerland

Students born outside the above countries are at higher risk of being infected with Tuberculosis. **Tuberculosis skin testing is required for those students born outside the low-incidence countries.** Any student who has a history of a previous positive TB test should not be retested; these students need to have a chest x-ray. The student will need to bring a copy of the x-ray report or physician documentation of treatment for TB

Students should complete the Tuberculosis Screening Documentation Form if they were born in a high incident country and submit with the Health Form to Corban University.

Immunization records may generally be obtained from your family physician, last school attended or your parents.

MEASLES (RUBEOLA/HARD MEASLES) VACCINATION REQUIREMENT

Each entering student born on or after January 1, 1957, must have two doses of measles vaccine (documented by month and year of each dose) on or after the first birthday, with a minimum of 28 days between the doses.

MEASLES OR MMR IMMUNIZATION DATES(S): 1. / 2. / **-or-**
Month Year Month Year

1st dose childhood record unavailable but given 2nd dose: / (International students need documentation of both dates)
Month Year

If you fail to document compliance, you will not be allowed to complete your registration or attend classes.

AGE, MEDICAL OR RELIGIOUS EXEMPTION FOR TWO-DOSE MEASLES VACCINE	
<input type="checkbox"/> AGE EXEMPTION: I was born before 1957 and am therefore considered immune. Date of birth _____	<small>(mo./day/year)</small>
<small>Student signature</small> _____	<small>Date</small> _____
<input type="checkbox"/> RELIGIOUS EXEMPTION: I am an adherent to a religion whose teachings are opposed to immunization and request that I be exempted from the immunization requirement. _____	
<small>Student Signature</small> _____	<small>Date</small> _____
<input type="checkbox"/> MEDICAL EXEMPTION: I certify that the above-named student should be exempt from the requirements for the measles vaccine based on:	
A. History of measles _____ <small>(month/year)</small>	
B. Immune titer shows immunity to measles _____ <small>(month/year)</small>	
C. The following medical reason _____	
_____ constitutes a medical contraindication in accordance with the advisory committee on immunization practices of the U.S. Public Health Services for measles vaccine.	
<small>Health care practitioner signature</small> _____	<small>Date</small> _____
<small>Printed name and title of health care practitioner</small> _____	<small>Telephone Number</small> _____

MENINGOCOCCAL VACCINATION RECOMMENDATION (not required)

The CDC recommends that all first year students living in residence halls be immunized against meningococcal disease, a rare but potentially fatal bacterial infection commonly referred to as meningitis. College students living in residence halls are more likely to contract meningococcal disease than the general population due to lifestyle factors such as close living situations, irregular sleep patterns and sharing personal items. Meningococcal vaccines should be administered before arriving at Corban.

MENINGOCOCCAL IMMUNIZATION Date: _____ Type: Conjugate (Menactra Brand) Polysaccharide (Menomune)

OTHER RECOMMENDED IMMUNIZATIONS (not required)

- Diphtheria, Tetanus, Pertussis (booster within last 10 years) Date: _____ Type: Td Tdap
 - Polio Series (4 doses) Dates: 1. _____ 2. _____ 3. _____ 4. _____
 - Mumps and Rubella (within the MMR immunization-2doses) Dates: 1. _____ 2. _____
 - Hepatitis A Series (2 doses) Dates: 1. _____ 2. _____
 - Hepatitis B Series: (3 doses) Dates: 1. _____ 2. _____ 3. _____
 - Varicella (Chickenpox) (2 doses) Dates: 1. _____ 2. _____
- or-** History of Chickenpox infection Year: _____

Please check this box if you have not been immunized for chickenpox and have not had chickenpox

TUBERCULOSIS SCREENING TB testing is required for some international and nonnative students, depending on country of birth. Please see "Tuberculosis Screening Documentation Form" for more information.

Please sign and return this form before **AUGUST 1** (Address and fax at the top of the page).

Student Signature

Date

<i>Last Name</i>	<i>First</i>	<i>Middle</i>	<i>Date of Birth</i>
<i>Campus / Local Address, if known</i>			<i>Student's Country of birth</i>
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Student I.D.# if Known</i> <i>Zip</i>

Tuberculosis screening is **not required for students born in the United States or low-incidence countries**, as designated by the Oregon State Health Division, which include: Australia • Austria • Belgium • Canada • Denmark • Finland • France • Germany • Great Britain • Greece • Ireland • Italy • Luxembourg • Netherlands • New Zealand • Norway • Portugal • Spain • Sweden • Switzerland

Students born outside the above countries are at higher risk of being infected with tuberculosis. A Tuberculosis skin test within the past six months is required for those students born outside the low-incidence countries. Students who have a positive TB test must have a chest x-ray.

Any student who has had a positive TB test in the past should not be retested; these students should have a chest x-ray only. A copy of the x-ray report or documentation in the "CHEST X-RAY" box below will fulfill the tuberculosis screening requirement.

TUBERCULIN SKIN TEST

Date Given: _____ Date Read: _____
 mm Induration: _____ Test Result: _____

Signature of Health Care Provider

CHEST X-RAY
 Required for those with a positive skin test, history of a positive skin test, or history of tuberculosis infection.

Date of x-ray: _____ Results of reading: _____

Signature of Health Care Provider

NOTE: The Registrar/Deans will be notified of students who are not in compliance with the State Health Division requirements. Attendance in class and pre-registration will not be allowed for students who are not in compliance.

Mail or fax this with your Health History form to: Corban University / Health Services Office (see information at the top of the page)