REED

REED COLLEGE HEALTH SERVICES

3203 SE WOODSTOCK BLVD | PORTLAND, OREGON 97202-8199 | 503/777-7281 | FAX: 503/777-7209 | EMAIL: SATTELYV@REED.EDU

IMMUNIZATION EXEMPTIONS

Individuals with religious or medical exemption(s) (except a verified history of disease or blood test indicating immunity to Rubeola) are not protected against measles (Rubeola). This means that they are at risk for getting the disease. **In the event of an outbreak, individuals with a religious or medical exemption(s) for measles may be excluded from the college, under the direction of the student health services director and/or the local health officer.**

AGE EXEMPTION (Please indicate date of birth if born before 1957, and therefore considered immune):

_____

MONTH DAY YEAR

MEDICAL EXEMPTION (Acceptable bases include):

- Serious allergic reactions (anaphylactic) to eggs, Neomycin, or other vaccines. Pregnancy or intent on becoming pregnant within three months.
- Immunosuppression such as occurs with cancers (leukemia, lymphoma) or medications for such diseases.
- Taking high doses of cortisone-type medications for more than two weeks.

All medical exemptions require a physician's signature to acceptably comply. Individuals with HIV-positive antibodies, or with leukemia in remission who have not received chemotherapy for at least three months, may receive the measles vaccine.

CERTIFICATION:

I certify that this individual should be exempted from the requirements for the measles (Rubeola) vaccine based on:

A. History of disease Month and year_____

B. Rubeola Immune titer Result and date_____

C. The following medical reason _____
which constitutes a medical contraindication in accordance with the advisory committee on immunization practices of the U.S. Public Health Service for measles (Rubeola) vaccine (see above).

_____

PHYSICIAN'S SIGNATURE DATE

_____

PHYSICIAN'S NAME (PLEASE PRINT)

_____

ADDRESS PHONE

RELIGIOUS EXEMPTION

By initialing the box below, you confirm the following: I have read and understand the above information. I am adherent to a religion, the teachings of which are opposed to immunization, and therefore request that I be exempted from the immunization requirement.

_____ _____

SIGNATURE DATE

If you have any questions regarding this requirement, call Reed College health services at 503/777-7281.