

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, UW1-160
18115 Campus Way N.E.
Box 358500
Bothell, WA 98011-8246
(425) 352-5240
Fax: (425) 352-5455**

MEASLES IMMUNITY VERIFICATION FORM

Part I. STUDENT INFORMATION (please type or print legibly)

Name: _____	Birth Date: _____
Permanent: _____	Phone #: (____) _____
Mailing Address	street city state zip code
Student ID #: _____ (If you don't know it, leave it blank)	Email Address: _____
Program: _____	SS #: _____
What quarter will you begin classes at UW Bothell? Entry Qtr: _____	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 health care provider.

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

Measles/Rubella

Measles/Mumps/Rubella (MMR)

#1 _____
date

Measles

Measles/Rubella

Measles/Mumps/Rubella (MMR)

#2 _____
date

OR

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

Date of positive titer

OR

3. History of Disease

date

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 _____