University of Washington Policy

- All matriculated UW Bothell campus students and all students living in Husky Village 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 the Husky Hall Welcome Center, located at 10909 NE 185th Street, across from Husky Village.
   e. Undergraduate Students, upload your completed documents and records on your Admission Student Status Page: [https://admissions.uwb.edu/account/login](https://admissions.uwb.edu/account/login). **If you need help accessing this, contact the Office of Admissions at uwbinfo@uw.edu.**
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) 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: ______________________

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

#1 Date Immunized (Attach Documentation)

Month Day Year

#2 Date Immunized (Attach Documentation)

Month Day Year

Titer Date (Attach Documentation)