

PNCA

Medical Form

Measles, Mumps, Rubella Vaccine Requirement

Pacific Northwest College of Art requires all incoming students to show evidence of immunity to measles, mumps and rubella (MMR). All entering students born after 1956 must have **at least one** of the following:

Two vaccinations of MMR on or after their first birthday, with a minimum of 30 days between the first and second dose with physician's signature to verify immunization

|
and/or
|

Show **evidence of immunity** to measles, mumps and rubella

|
and/or
|

Physician's signature certifying prior measles, mumps and rubella

Please indicate month and year of the last two vaccinations of MMR below along with your physician's signature for verification:

Student's Last (surname)

First (Given)

Middle

First Vaccination: _____ / _____
Month / Year

Second Vaccination: _____ / _____
Month / Year

Physician Office Address:

Street Address

City

Province, State or Canton

Country

Zip Code or Country Code

Office Phone

Physician Name

Physician Signature

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Exemption to MMR Vaccinations

1. Age Exemption: If you were born before 1957, please initial here: _____

2. All medical exemptions require a physician's certification and signature

Medical exemption reasons may include:

- » **Serious allergic reactions** (anaphylactic) to eggs, Neomycin or other vaccines
- » **Pregnancy** or intent to becoming pregnant within 28 days
- » **Immuno-suppression** such as occurs with cancers (leukemia, lymphoma) or medications for such diseases
- » Taking high doses of **cortisone-type** medications for more than 2 weeks.

I certify that this person should be exempted from the MMR vaccine requirements based on:

History of disease (provide year):

Rubella Date

Mumps Date

Immune titers:

Rubella Date

Mumps Date

Medical Reasons:

Result

Rubella Date: Month / Year

Result

Mumps Date: Month / Year

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Exemption to MMR Vaccinations (continued)

Physician Office Address:

Street Address

City Province, State or Canton Country

Zip Code or Country Code Office Phone

Physician Name

Physician Signature

- 3.** Religious Exemption: 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 requirements.

Student Signature Date