

# Measles Immunity Verification

**See other side  
for instructions.**

## Part I: STUDENT INFORMATION

To be completed by all students; please type or print legibly.

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Permanent address: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Local Address (if different from above): \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Phone #: (\_\_\_\_) \_\_\_\_\_ Permanent Phone # (if different): (\_\_\_\_) \_\_\_\_\_

E-mail (UW preferred): \_\_\_\_\_

UW Student number: \_\_\_\_\_ (see your admission letter)

Which quarter are you starting classes at UW Tacoma? 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.  
(Health Care Provider Certification section below must also be completed and signed.)

<b>HEALTH CARE PROVIDER CERTIFICATION</b> (Option C only)		DO NOT WRITE IN THIS SPACE
<input type="checkbox"/> Vaccination type: (Note: TWO doses needed)		
<input type="checkbox"/> Measles <input type="checkbox"/> Measles/Rubella <input type="checkbox"/> Measles/Mumps/Rubella	#1 _____ DATE	
<input type="checkbox"/> Measles <input type="checkbox"/> Measles/Rubella <input type="checkbox"/> Measles/Mumps/Rubella	#2 _____ DATE	
– OR –		
<input type="checkbox"/> Positive test for antibodies to measles (rubeola). NOT RUBELLA.	_____ DATE OF POSITIVE TITER	
– OR –		
<input type="checkbox"/> History of disease	_____ DATE	
Health care provider's name: _____		
Address: _____ Phone # (____) _____		
I certify the accuracy of the above information.		
_____	_____	
<small>HEALTH PROVIDER SIGNATURE/TITLE</small>	<small>DATE</small>	

## ABOUT MEASLES IMMUNITY VERIFICATION

All newly enrolled students are required to provide proof of measles (rubeola) immunity. This information is used to document compliance in the Registrar's database. Students will not be allowed to register for any classes until they have satisfied this requirement. (*Nursing students are exempt from 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 (rubeola) disease.

## Instructions for completing the Measles Immunity Verification Form

1. 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. You may either:
  - a. Attach **copies** of your original immunization records or lab results
  - OR
  - b. Attach a statement on letterhead stationery from your health care provider
  - OR
  - c. Provide certification by your doctor or health care provider on the bottom of the form
3. Submit this form with any necessary documentation by mail, fax or drop it off in person.

**Please do NOT send original records**—all documents used for administrative purposes WILL BE DESTROYED. Always keep the original or a copy for your own personal records.

***Submit completed form with any necessary documentation to:***

University of Washington Tacoma  
Office of the Registrar  
Campus Box 358400  
1900 Commerce Street  
Tacoma, WA 98402  
FAX: (253) 692-4414