

MARYLHURST UNIVERSITY
OFFICE OF ADMISSIONS
17600 Pacific Highway (Hwy. 43)
P.O. Box 261 • Marylhurst, OR 97036-0261
503.699.6268 • 1.800.634.9982, ext. 6268
FAX: 503.635.6585
Email: studentinfo@marylhurst.edu
Web site: www.marylhurst.edu



MARYLHURST UNIVERSITY IMMUNIZATION POLICY

In order to comply with Oregon law regarding a second measles vaccination for college students, Marylhurst University has developed the following policy:

Every full-time, on-campus* student at Marylhurst University who was born on or after January 1, 1957, must provide the school with evidence of having received two doses of measles vaccine on or after his/her first birthday with a minimum of 30 days between doses. If month and year of first vaccine are not available, documentation of the second dose after December 1, 1989, must be provided. The dates must be accompanied by the student's signature.

* Full-time students are defined as students taking 12 or more quarter credits at the undergraduate level or 9 or more quarter credits at the graduate level as defined by Federal Financial Aid regulations. On-campus students are those taking a minimum of 50% of these credits in an on-campus, face-to-face format. Full-time status is determined based on student-reported intentions at the time of application for admission. Non-degree-seeking students are not eligible for financial aid and are not expected to take a full-time course load.

Exceptions to this policy:

1. Student provides documentation of adequate measles (rubeola) titer.
2. Student provides documentation of having had the disease. This must be signed by a physician, nurse practitioner, physician assistant, or registered nurse working under the direction of an M.D. or D.O.
3. Student provides physician documentation of a medical condition which prevents individual from using vaccine.
4. Religious beliefs of student prohibit immunization.

This policy was created and put into effect beginning September 1, 2000. It was updated to provide an additional exception for part-time and online students on May 1, 2007. All students entering on or after this date who do not meet one of the above exceptions must provide evidence of immunization in order to be allowed to register for classes.

PROCEDURE

Marylhurst University will use the following procedure to assure compliance:

1. Each entering student will be required to present documentation of immunization or legitimate exemption to the Office of Admissions prior to registration. This documentation is to be signed by the student.
2. Students who are required to provide proof of vaccination against measles who do not submit a written documentation of immunization or documentation of exemption statement will be not be admitted to the University until they are in compliance.

MARYLHURST UNIVERSITY
OFFICE OF ADMISSIONS
17600 Pacific Highway (Hwy. 43)
P.O. Box 261 • Marylhurst, OR 97036-0261
503.699.6268 • 1.800.634.9982, ext. 6268
FAX: 503.635.6585
Email: studentinfo@marylhurst.edu
Web site: www.marylhurst.edu



CERTIFICATE OF IMMUNIZATION

Required for entering full-time, on-campus students. Please see the Marylhurst University Immunization Policy for further information about this policy. Dates of immunization accompanied by the student signature will be accepted as evidence.

Full Name (Last, First, Middle) _____

Date of Birth _____ Student ID or Social Security # _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

VACCINE HISTORY (check one only)

_____ I have had two doses of measles vaccine at least 30 days apart. The first dose was at or after the age of 12 months.

First Dose Date _____ Second Dose Date _____

_____ I have had two doses of measles vaccine, but do not know the date of the first immunization. I had my second measles immunization on or after December 1989.

Second Dose Date _____

_____ I am exempt from the measles vaccination requirement because (check one):

_____ I was born before January 1, 1957.

_____ A measles (rubeola) titer report is attached, indicating I am immune to measles.

_____ A signed physician statement is attached, indicating I had the measles (rubeola) and the date of the infection.

_____ A signed physician statement is attached verifying I have a medical reason for not receiving the immunization.

_____ My religious beliefs prohibit my use of the immunization.

I certify that the above information is true and complete to the best of my knowledge.

Student Signature _____ Date _____

OREGON ADMINISTRATIVE RULES
Chapter 333, Division 19 - Health Division

TUBERCULOSIS CLEARANCE CERTIFICATE OF SCHOOL ATTENDANCE

TB STATUS REPORT FORM

TO BE COMPLETED BY SCHOOL

OAR 333-19-405 mandates that all students born in a country other than the U.S., Australia, Austria, Belgium, Canada, Denmark, Finland, France, Germany, Great Britain, Greece, Ireland, Italy, Luxembourg, New Zealand, Norway, Portugal, Spain, Sweden, and Switzerland present evidence of freedom from communicable tuberculosis to the school prior to entering school in Oregon. This will involve tuberculosis skin test, and for children, an evaluation by a doctor and a chest x-ray.

You must have the following form completed by the appropriate persons and returned to MARYLHURST UNIVERSITY.

TO BE COMPLETED BY STUDENT

Student Name _____ Student ID# _____
Address _____ Birth Date _____
_____ Country of Origin _____
Phone _____ Date Entered U.S. _____
Student Signature _____

TO BE COMPLETED BY STUDENT'S HEALTH CARE PROVIDER

SKIN TEST INFORMATION

Mantoux method TB skin test _____ Results _____ mm
Date Applied _____ 48-72 hr mm reading
 Reaction less than 10mm induration. No further follow up needed, please sign below.
 Reaction of 10mm or greater induration. Complete the section below with all available information and sign.

TO BE COMPLETED BY HEALTH CARE PROVIDER OR HEALTH DEPARTMENT ONLY FOR STUDENTS WITH SKIN TEST REACTIONS 10mm OR GREATER

Chest X-ray _____ Other than pulmonary tuberculosis suspected? Yes No
Date _____
Chest X-ray results: Within normal limits
 Abnormal
 Compatible with active tuberculosis disease Compatible with inactive tuberculosis disease
 Without active tuberculosis disease
Chemotherapy: Yes No
 One anti-tuberculosis drug (Prophylaxis) _____
 Two or more anti-tuberculosis drugs (treatment) _____
Date Started _____ Date Stopped _____ Address _____
 Currently under treatment _____
 Completed recommended treatment _____
 Did not complete recommended treatment _____
Signature of Health Care Provider or Health Department _____
Date _____ Telephone _____

TO BE COMPLETED BY SCHOOL REPRESENTATIVE
 Reactor < 10mm recommend no further action
 REACTOR 10mm or more referred to Health Department

Signature of School Representative _____
Date _____ Telephone _____

TO BE COMPLETED BY HEALTH DEPARTMENT
 Student cleared for attendance at school
 Student NOT cleared for attendance at school

Signature of Health Department Representative _____
Date _____ Telephone _____