

## Immunizations Exemptions

Name \_\_\_\_\_ Reed ID \_\_\_\_\_

Individuals with religious or medical exemption(s) (except a verified history of disease or blood test indicating immunity to Rubeola) are not protected against measles (Rubeola). This means that they are at risk for getting the disease. In the event of an outbreak, individuals with a religious or medical exemption(s) for measles may be excluded from the college, under the direction of the student health services director and/or the local health officer.

AGE EXEMPTION (Please indicate date of birth if born before 1957, and therefore considered immune):

\_\_\_\_\_

MONTH

DAY

YEAR

MEDICAL EXEMPTION (Acceptable bases include):

- Serious allergic reactions (anaphylactic) to eggs, Neomycin, or other vaccines. Pregnancy or intent on becoming pregnant within three months.
- Immunosuppression such as occurs with cancers (leukemia, lymphoma) or medications for such diseases.
- Taking high doses of cortisone-type medications for more than two weeks.

All medical exemptions require a physician's signature to acceptably comply. Individuals with HIV-positive antibodies, or with leukemia in remission who have not received chemotherapy for at least three months, may receive the measles vaccine.

CERTIFICATION:

I certify that this individual should be exempted from the requirements for the measles (Rubeola) vaccine based on:

A. History of disease                      Month and year \_\_\_\_\_

B. Rubeola Immune titer                      Result and date \_\_\_\_\_

C. The following medical reason \_\_\_\_\_  
which constitutes a medical contraindication in accordance with the advisory committee on immunization practices of the U.S. Public Health Service for measles (Rubeola) vaccine (see above).

PHYSICIAN'S SIGNATURE

DATE

PHYSICIAN'S NAME (PLEASE PRINT)

ADDRESS

PHONE

RELIGIOUS EXEMPTION

By initialing the box below, you confirm the following: 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 requirement.

SIGNATURE

DATE

If you have any questions regarding this requirement, call Reed College health & counseling services at 503/777-7281.