

Proof of Measles Immunity for Employment

If you were born on or before 1/5/1957 you do not need to complete this form.

Name: _____ DOB: _____
Department: _____ W# _____

Please provide one of the following along with this completed form:

- A copy of a medical provider vaccination record sheet or a copy of an official immunization card showing the administration dates of the two required individual vaccinations for RUBEOLA measles (not rubella).

The two doses must have been given:

- After January 1, 1968
- At least 30 days apart, and
- On or after 12 months of age.

- A copy of a positive blood test results for antibodies against RUBEOLA.

- Verification from my Health Care Provider (below) that I have received the appropriate vaccines for RUBEOLA measles and were administered on the following dates:

#1 Vaccination date: _____ #2 Vaccination date: _____
Month/day/year Month/day/year

Health Care Provider Certification

I certify the accuracy of the vaccination dates above.

Health Care Provider Name (print): _____

Health Care Provider Signature: _____

Phone: _____ Date: _____

- Certification from my Health Care Provider (below) that I have a history of the disease.

Health Care Provider Certification

I certify that the individual named above had clinical rubeola measles disease.

Health Care Provider Name (print): _____

Health Care Provider Signature: _____

Phone: _____ Date: _____

Approval by Director of Medical Services, WWU Student Health Center:

Signature Date

Documentation is: Acceptable Not Acceptable