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: ______________

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

_________________________________ ______________________
Signature                     Date

Documentation is:  O Acceptable  O Not Acceptable