

UW BOTHELL MEASLES IMMUNITY REQUIREMENT INSTRUCTIONS Bothell Campus

University of Washington Policy

- All matriculated UW Bothell campus students and all students living in Husky Hall are required to provide proof of measles 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.
- Students will not be allowed to register for any classes until they have satisfied the UW Measles Requirement.
 - The UWB Registered Nurse oversees this program for the Registrar.

Instructions for Completing the Measles Immunity Verification Form

1. Students must complete the **student information** portion of the form.
2. Complete the UW Measles Immunity Requirement Form, with one of the following options:
 - a. Attach copies of their original immunization records or lab results; OR
 - b. Attach a statement on letterhead stationery from their health care provider

Please do NOT send original records. Always keep the original or a copy for your own personal records.

3. Submit this form with your documentation to:
 - a. E-mail to uwbreg@uw.edu
 - b. Mail to:

**University of Washington Bothell
Office of the Registrar
18115 Campus Way N.E.
Box 358500
Bothell, WA 98011-8246**

- c. Fax to (425) 352-5455 (Office of the Registrar)
- d. Drop off in-person at Husky Hall, room 1130, located at 10909 NE 185th Street, across from Husky Village.

UW Bothell Measles Immunity Requirement Form

STUDENT INFORMATION (To be completed by all students; please type or print legibly)

Last Name: _____		First Name: _____		Birth Date: _____	
Permanent: _____		Mailing Address		Phone #: _____	
street	city	state	zip code		
Local Address: (if different from above) _____		Phone #: _____			
street	city	state	zip code		
Student ID #: _____		SS #: _____		Email Address: _____	
(If you don't know it, leave it blank)					
Starting quarter at UW Bothell _____		Year: _____		Program: _____	

PROOF OF MEASLES IMMUNITY

Check your MyUW account for notification of clearance regarding the UW Measles Immunity Requirement

TWO doses of Measles Required:

Please Choose One:

- Measles (Rubeola)
- Measles/Rubella
- Measles/Mumps/Rubella (MMR)

Please Choose One:

- Measles (Rubeola)
- Measles/Rubella
- Measles/Mumps/Rubella (MMR)

Month Day Year

#1 / /

Date Immunized (Attach Documentation)

Month Day Year

#2 / /

Date Immunized (Attach Documentation)

Please submit COPY of each shot record with dates

OR

Measles (Rubeola) titer (blood test)
(Not Rubella)

Month Day Year

/ /

Titer Date(Attach Documentation)

Please submit COPY of lab report with dates