

CERTIFICATE OF IMMUNIZATION STATUS

Skagit Valley College policy, effective January 2008, requires this form be completed for each Student.

STUDENTS LAST NAME	FIRST NAME	MIDDLE NAME
Student Identification Number	Sex M [] F []	Birthdate

IMMUNIZATION	VACCINE	MO	DAY	YR	
MEASLES, MUMPS, RUBELLA (MMR) Two doses of measles vaccine are required for SVC Freshman. Both must have been administered after 1 year of age and at least 30 days apart.	MMR				M1
	MMR				M2
	ME or MU or RV				ME

Record of Immunization verified by _____
School Personnel or Public Health Nurse

I Certify That The Information Provided Is Correct and Verifiable.
X _____ <small style="display: flex; justify-content: space-between; width: 100%;"> Signature of Student or Guardian if the Student is under age 18. Date </small>

STATEMENT OF EXEMPTION TO IMMUNIZATION

NOTICE: You can be exempted (excused) from Immunization for medical, personal, or religious reasons. However, if there is an outbreak of a vaccine-preventable disease that you have not been immunized against, you will be excluded from school, until the outbreak is over.

<input type="checkbox"/> Personal Exemption	<input type="checkbox"/> Religious Exemption	<input type="checkbox"/> Allergy
I am opposed to immunization. I understand that I can be excluded from attendance during an outbreak.		
I do not want to receive the following vaccine(s): _____ <small style="text-align: right; margin-right: 50px;">Vaccine(s)</small>		
_____	_____	
<small>Print Student Name</small>	<small>Student ID #</small>	
_____	_____	
<small>Signature of Student</small>	<small>Date</small>	

Documentation of Immunity

I certify that the employee named on this form has laboratory evidence of immunity to measles/mumps/rubella (please circle)

Attach TITTER results

TYPE or PRINT Physician's Name

Physician's Signature or Stamp Date