



FACTS about Measles

- Measles is a very contagious viral disease that can spread very rapidly through airborne exposure.
- Complications of measles can be very severe, particularly in those less than five years old and college age and above.
- Measles causes death in 1-2 cases per 1,000. One in 1,000 cases result in encephalitis (brain inflammation), which can lead to deafness, convulsions, and death.
- Currently measles in the United States is more commonly brought in from outside the United States, which places universities, with a mobile and international population, at particular risk.
- Most cases in the United States citizens are those who are unimmunized, and/or have waiver to immunizations.
- Before the measles vaccine, there were 3-4,000,000 infections per year in the United States, resulting in 500 deaths, 48,000 hospitalizations, and 1,000 cases of chronic disability annually.
- All major medical advisory committees, including the American Academy of Family Medicine, Pediatrics, Internal Medicine, the Centers for Disease Control and Prevention as well as many others strongly recommend protection through immunizations.
- The measles vaccine has been extensively studied and is deemed safe by all reputable medical experts. It has been clearly shown that the vaccine does not cause autism and side effects and risks of vaccine are minimal.

Because of the danger of this serious illness propagating in unimmunized individuals, Northern Michigan University has a policy of mandatory measles immunization. The disruption in University life and clear danger to unimmunized individuals and to those who cannot protect themselves makes this a medical and moral imperative. The Michigan Department of Community Health will act if a measles case occurs on campus or the community. State law mandates investigation and mitigation of risk of disease spread. This will include consideration of isolation and quarantine of infected or non-immunized individuals, as well as an immunization program on campus and elsewhere.

- Further information can be found at the CDC website <http://www.cdc.gov/>

___ I desire a waiver of immunization for personal reasons

___ I desire a waiver for medical reasons

___ I would like more information and would like to discuss with a physician at the Health Center

___ I would like to comply with the policy and get a blood test to see if I am protected

___ I would like to receive the vaccine

I acknowledge that I have read the above information _____ (please print)

Date of Birth: _____ **IN:** _____

Signature

Date