

MANDATORY MEASLES IMMUNIZATION POLICY

Northern Michigan University requires that all new and re-entry students born after 1956 provide proof of immunity to measles (RUBEOLA).

WHY NMU HAS A MEASLES IMMUNIZATION POLICY

NMU has required proof of immunity for new students since 1985. This policy is recommended by the Centers for Disease Control (CDC), the Michigan Department of Public Health (MDPH), and the American College Health Association (ACHA).

This policy is for your safety. Measles is not always a benign illness – up to 15% of adults with measles require hospitalization, and 2-4 in 1,000 die or suffer brain damage. In recent years there have been large outbreaks of measles on many U.S. campuses, causing major disruption and even temporary closures. These epidemics have occurred because significant numbers of college students have never been immunized for measles, or they received just one immunization. By public health code, students not protected could be removed from school and quarantined for up to 3 weeks if there was a case of measles on campus.

To comply with this policy, students must submit satisfactory evidence of immunity to measles to the Health Center, using the form on the reverse side.

Students born before 1957 do not need to submit this form. Nearly all persons in this age group acquired measles as children and are immune.

If you do not comply with this policy, a “HOLD” will be placed on your future registration at NMU – this “HOLD” will prevent you from registering for classes.

PERSONS ARE CONSIDERED IMMUNE IF THEY:

- Have received **two doses** of measles vaccine after 12 months of age, or
- Have documentation of **physician-diagnosed** measles, or
- Have laboratory evidence of immunity to measles. (A blood test can be done to see if you are immune to measles.)

The following documents, if they contain satisfactory evidence of immunizations or illness, as described above, are acceptable as proof of immunity: medical records, **OR**, school immunization records, **OR**, personal immunization records.

Measles immunizations are available through most physicians' offices, at city and county health departments, and at the NMU Health Center.

Please have the reverse side of this form completed by your health care provider, or attach copies of your pertinent records. Return the completed form to the Vielmetti Health Center, Northern Michigan University, 1401 Presque Isle Avenue, Marquette MI 49855-5377 in the envelope provided. You may FAX your reply to us at 906-227-2332.

Call the staff at the Health Center at 906-227-2355 if you have questions about this policy.

ADDITIONAL IMMUNIZATIONS RECOMMENDED FOR ADULTS

The following immunizations are recommended but not required:

DIPHTHERIA/TETANUS/PERTUSSIS	Booster every 10 years
HEPATITIS B	A series of three vaccinations given at any age; booster not routinely required.
CHICKEN POS (varicella)	Two vaccinations one month apart, recommended for those who have not had chickenpox.
INFLUENZA	Vaccination each Fall or early Winter. Influenza epidemics are common occurrences on our campus, and while not often associated with serious health consequences in otherwise healthy students, this illness can lead to significant discomfort and class absences. Vaccine is available at the Health Center each Fall, at a cost of \$25.00 (prices subject to change)
MENINGITIS	There is a vaccine available to reduce the risk of meningococcal meningitis. Meningitis outbreaks are uncommon, but they occurred more frequently in recent years, often involve young adults and may have devastating consequences. A vaccine can prevent most cases, and is currently advised routinely for teens and college students. Immunization experts suggest that college students, especially freshmen living in residence halls, be protected. This vaccine costs about \$120.00 and is available at the Health Center.

MEASLES IMMUNIZATION RECORD

Name: _____
Last First Middle Initial

NMU IN# _____ Date of Birth: _____

PLEASE CHOOSE ONE OF THE FOLLOWING OPTIONS TO COMPLY WITH THIS POLICY:

VACCINATION RECORD

Date of 1st Vaccination: _____ **AND** Date of 2nd Vaccination: _____

Certifying Health Care Provider Name: _____

Address: _____

Health Care Provider Signature: _____

OR

RUBEOLA TITER (Blood Test)

Date of blood test (antibody Titer) showing immunity: _____
(Please enclose copy of titer results)

Certifying Health Care Provider Name: _____

Address: _____

Health Care Provider Signature: _____

OR

DOCUMENTATION OF NATURAL ILLNESS

Date of Natural Illness: _____

Certifying Health Care Provider Name: _____

Address: _____

Health Care Provider Signature: _____

OR

MEDICAL EXEMPTION

Please attach a letter from your physician documenting your need for a medical exemption from this policy.