

PACIFIC LUTHERAN UNIVERSITY  
Health Center  
Tacoma, WA 98447  
Phone: 253-535-7337 Fax: 253-536-5042 Email: health@plu.edu

### **MMR Vaccine Policy and Request for Exemption**

MMR vaccination is required of all enrolled PLU students. Exemption from this vaccine may be requested by completing the information below. Please read the implications for campus activities, if you opt for exemption.

MMR is a two-dose series that is usually given at 1 year of age and at 4-5 years of age. Those who have no documented history of their MMR vaccines may consider a blood test called a titer to see if they are immune to these viruses. If not, the series can be started at any age, with the two doses separated by a minimum of 4 weeks.

The PLU Health Center does not provide MMR vaccine but it is available at most pharmacies, health departments and primary care clinics. We can do the blood test for a titer, if desired, and provide the student with documentation to submit to their health insurance plan for reimbursement. Please speak to the Health Center staff if you are unable to bill insurance.

Exemptions can be made based on medical or religious grounds; there is no longer an exemption for personal reasons. If a student is granted an exemption and there is a suspected disease outbreak on campus, the student may be restricted from the campus for the duration of the outbreak for their own protection. Measles is an extremely contagious virus and can have significant and negative effects on unvaccinated individuals. In addition, exempt students may be ineligible for certain university-sponsored activities. These may include (but are not limited to) off-campus programs and classes, athletic programs and competitions, and study abroad. In the event of an outbreak, no exceptions to standard University policy for tuition adjustments or refunds will be available.

My signature below indicates that I understand the possible restrictions stipulated above.

Student signature \_\_\_\_\_ PLU ID number \_\_\_\_\_

Student printed name \_\_\_\_\_ Date \_\_\_\_\_

If under 18, please provide parent or guardian signature: \_\_\_\_\_

Date and initials received and approved by PLU Health Center \_\_\_\_\_