

Section III

Physician or nurse practitioner's confirmation of measles disease:

The person named on the reverse of this paper had measles on _____ (date).

Signature of physician/nurse practitioner _____ or check here if a signed statement from physician/nurse practitioner is enclosed _____.

Physician or nurse practitioner's confirmation of medical exemption:

The person named on the reverse of this paper has _____, a condition which would make it unsafe for him/her to receive a measles vaccination.

Signature of physician/nurse practitioner _____ or check here if a signed statement from physician/nurse practitioner is enclosed _____.

From:

Place
Stamp
Here

STUDENT HEALTH AND WELLNESS CENTER
SOUTHERN OREGON UNIVERSITY
1250 SISKIYOU BOULEVARD
ASHLAND, OREGON 97520-5090