

MANDATORY PROOF OF IMMUNIZATION

| | | |
|---|------------|------------------------------|
| Last Name <i>(Please Print)</i> | First Name | M.I. |
| Permanent Address <i>(Street Address or PO, City, State, Zip)</i> | | Phone Number |
| Date of Birth | | Gonzaga University ID Number |
| I will begin classes (circle one): Fall Semester <i>OR</i> Spring Semester <i>OR</i> Summer Session of School year _____ | | |

Measles can be a serious and life threatening illness. As a public health measure and in accordance with the Centers for Disease Control guidelines, the University requires verification of measles (Rubeola) immunity for all students born after December 31, 1956. **You may not be permitted to register for courses without proof of measles (Rubeola) immunity at the Gonzaga University Health Center.**

Proof of immunity means:

1. Two doses of measles (Rubeola) vaccine received after one year of age, at least one month apart, *or*
2. A blood test showing measles (Rubeola) immunity, *or*
3. Diagnosed measles (Rubeola) disease (health care provider’s signature required).

Acceptable documentation is (copies only, please keep your originals):

1. School Certificate of Immunization, *or*
2. Official immunization records from your health care provider or public health department, *or*
3. Copy of your immunization card, *or*
4. Copy of your military immunization record, *or*
5. This form completed and signed by your health care provider.

Please fill in ONE of the following:

1. **Measles (Rubeola) vaccine** (may be MMR, MR, M).
Two doses of measles (Rubeola) vaccine received after one year of age, at least one month apart
#1 date ___/___/___ #2 date ___/___/___
2. **OR Measles (Rubeola) disease.** Date of diagnosis: ___/___/___
3. **OR Measles (Rubeola) immune titer.** Immunity Adequate? YES ___ NO ___ Date ___/___/___
4. **OR Medical exemption.** I certify that the person named above has a medical reason not to have the measles vaccine.
Reason: _____

Health Care Provider’s Name Health Care Provider’s Signature Date

If you have reason to be exempt on religious or personal grounds, please call Gonzaga University Health Center at 509-313-4066.

Return a copy of your official records and this form to:

Gonzaga University Health Center
502 E. Boone Ave., MSC Box 2506
Spokane, WA 99258-2506
FAX: 509-313-5516

QUESTIONS??

Please call 509-313-4066



Greetings From The Health Center:

Welcome! We are a campus medical clinic for Gonzaga students. All Gonzaga students are eligible and no insurance is necessary. We are located at 704 E. Sharp (corner of Sharp and Dakota). Our hours are 8:00am to 11:45am and 1:00pm to 5:00pm Monday through Friday during the academic year. Tuesdays we open at 10:00am. If you visit the Health Center or another health care facility you or your insurance plan is responsible for the fees incurred. An insurance plan provided by Gonzaga is available in the Student Accounts office.

Please complete this form and return it to the Health Center **as soon as possible** (**Remember**—failure to provide the MMR (Rubeola) information could impact your ability to register for classes.)

Insurance

PLEASE INCLUDE A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD WITH THIS FORM.

Since students are responsible for all medical charges made by the Health Center or another health care provider, it is reasonable, responsible and prudent to have a major medical plan. It may be a requirement to matriculate. There is an automatic accident plan for every student.

- Make sure your insurance company covers your student “out of area.”
- If not, consider a supplemental policy or purchase the Student Injury and Sickness plan offered through Gonzaga by a private insurance carrier.
- In the Health Center, charges may be billed to a student through Student Accounts which are often then billed to their home address.
- The Health Center does not bill insurance. We do provide a Fee Slip that is specifically designed to be submitted to insurance companies.
- These Fee Slips may be submitted to their private insurance plan to either help meet deductibles or to seek reimbursement either by the student or their parents.

International Students - You must provide proof of basic and major medical health and accident insurance or you will be required to purchase a policy provided through Gonzaga by a private insurance carrier. You may contact the International Student Programs office at 509-313-6562.

The TREATMENT AUTHORIZATION below must be signed by a parent or guardian ONLY IF STUDENT IS UNDER 18.

Medical and Surgical Authorization:

I hereby authorize and give my consent to the Health Center authorities of Gonzaga University to perform upon or administer to _____ any necessary medical or surgical treatment while attending this University. This authorization does not entitle the Health Center to render any medical or surgical treatment without the student's personal consent.

Signature _____ Date _____

Relation to Student _____ Phone _____

Address _____

Emergency Contact for _____:
(Enter student name here)

| Name | Phone Number | Address |
|------|--------------|---------|
|------|--------------|---------|

Any Allergies? _____ If reaction, what kind? _____

Disabilities? _____

If so, please contact D.R.E.A.M. (Disability Resources, Education & Access Management) at (509) 313-4134.

Mental Health Concerns? _____

Chronic health problems, illness, or injury? _____

Medications presently taking? _____