



## Additional Information about Required Vaccinations

All students are required to show Measles immunity prior to arriving on campus. If immunization records are not available, a physician can order a blood test (titer) to determine immunity. To meet the requirement you need to complete and sign this form and document one of the options below.

### Student Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
 Year Month Day

Option1: proof and **SIGNATURE** from a doctor/clinic that you have had 2 measles vaccines since 1969, **OR**

Option2: proof and **SIGNATURE** from a doctor/clinic that you have had the disease of measles, **OR**

Option3: proof and **SIGNATURE** from a doctor/clinic that you have a positive measles antibody test,

#### Option 1- I have received **two doses of MMR or Measles Vaccine.**

Date of the *first* immunization: \_\_\_\_\_ Date of the *second* immunization: \_\_\_\_\_

Physician's Name signature: \_\_\_\_\_ Physician's Name signature: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Option 2- I have had **Measles and was diagnosed** by my Health Care Provider.

Date of Measles case/diagnosis: \_\_\_\_\_

Physician's Name signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

#### Option 3- I have had a blood test (**Measles Titer**), which indicates that I am immune to Measles.

Date of blood test: \_\_\_\_\_ Result: \_\_\_\_\_

If negative or no proof of immunity, vaccination is necessary. Date of vaccination: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Physician's Name signature : \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Please attach a copy of your immunization records. Do not send originals.

I certify that the above statement(s) are accurate and true to the best of my knowledge.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Year Month Day