

UNIVERSITY OF MAINE AT AUGUSTA

IMMUNIZATION VERIFICATION FORM

To avoid having your registration dropped, please complete and return this form or other acceptable immunization documents as soon as possible. If you have any questions regarding the requested immunization information on this form, please contact the University of Maine at Augusta at (207) 621-3185 or 1-877-UMA-1234.

PART I - TO BE COMPLETED BY STUDENT

NAME: _____
LAST FIRST MI.

MAILING ADDRESS: _____
STREET/P.O. BOX CITY STATE ZIP CODE

HOME PHONE: _____ WORK PHONE: _____

DATE OF BIRTH: _____ SOC. SEC. NUMBER: _____

PART II - TO BE COMPLETED AND SIGNED BY A HEALTH CARE PROVIDER

NOTE: HISTORY OF HAVING THE DISEASE IS NOT ACCEPTABLE AS PROOF OF IMMUNITY

A. TETANUS-DIPHTHERIA:

1. Received tetanus-diphtheria vaccine within last 10 years..... _____ / _____ / _____
month day year

B. MMR (MEASLES, MUMPS, RUBELLA):

1. Received MMR dose on _____ / _____ / _____
month day year

C. MEASLES (RUBEOLA) - If given instead of MMR:

1. Dose 1 - Immunized with live measles vaccine after 12 months of age _____ / _____ / _____
month day year

2. Dose 2 - Administered on..... _____ / _____ / _____
month day year

3. Immune titer. ★ **A COPY OF THE LAB RESULTS FOR TITER TESTS MUST BE INCLUDED.** _____ / _____ / _____
month day year

D. RUBELLA (GERMAN MEASLES) - If given instead of MMR:

1. Immunized with vaccine after 12 months of age..... _____ / _____ / _____
month day year

2. Immune titer. ★ **A COPY OF THE LAB RESULTS FOR TITER TESTS MUST BE INCLUDED.** _____ / _____ / _____
month day year

E. MUMPS - If given instead of MMR:

1. Immunized with vaccine after 12 months of age..... _____ / _____ / _____
month day year

2. Immune titer. ★ **A COPY OF THE LAB RESULTS FOR TITER TESTS MUST BE INCLUDED.** _____ / _____ / _____
month day year

(Complete back of form, including required signature)

