

UNIVERSITY OF MAINE AT AUGUSTA

IMMUNIZATION VERIFICATION FORM

To avoid having your registration access 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 UMA at 207/621-3184 or 1-877-UMA-1234 (1-877-862-1234)

PART I: TO BE COMPLETED BY STUDENT

NAME _____
LAST FIRST M.I.

MAILING ADDRESS: _____
STREET/PO BOX CITY STATE ZIP

HOME PHONE: _____ WORK PHONE: _____

DATE OF BIRTH: _____ MaineStreet ID or last 4-digits of SSI#: _____

PART II: TO BE COMPLETED AND SIGNED BY A HEALTHCARE PROVIDER

NOTE: *History of having the disease is not accepted proof of medical immunity.*

A. TETANUS-DIPHTHERIA:

1. Received tetanus-diphtheria vaccine within the last 10 years..... ____/____/____
Month / Day / Year

B. TWO MMR Vaccinations (MEASLES, MUMPS, RUBELLA):

1. Received First (1st) MMR dose on..... ____/____/____
Month / Day / Year

2. Received Second (2nd) MMR dose on..... ____/____/____
Month / Day / Year

C. MMR TITER LAB REPORTS (if given instead of MMRs):

1. MEASLES TITER (Lab Reports Attached)..... ____/____/____
Month / Day / Year

2. MUMPS TITER (Lab Reports Attached)..... ____/____/____
Month / Day / Year

3. RUBELLA TITER (Lab Reports Attached)..... ____/____/____
Month / Day / Year

(Complete the back of form, including required signature)

