

# UNIVERSITY OF MAINE AT AUGUSTA

## IMMUNIZATION VERIFICATION FORM

*To avoid having your registration access dropped, please complete and upload this form or other acceptable immunization documents to Point and Click as soon as possible. If you have any questions regarding the requested immunization information on this form, please contact UMA at 207/621-3079 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#: \_\_\_\_\_

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### **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 (1<sup>st</sup>) MMR dose on..... \_\_\_/\_\_\_/\_\_\_  
Month / Day / Year

2. Received Second (2<sup>nd</sup>) 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 / Year2.

***(Complete the back of form, including required signature)***

