Measles-Mumps-Rubella (MMR)  
Date of MMR #1__________   AND    Date of MMR #2 __________

OR
Date of TITRE                         Date of Disease Per Physician Records

Measles ___________________    ______________________
Mumps ___________________{
Rubella ___________________    ______________________

Tetanus and Diphtheria Immunization
(Td)/Tdap (Tetanus, diphtheria and pertussis (most recent) (optional)

Tuberculosis (TB) test results (certified date) ____________________________
*Required for international students

Meningitis Immunization (certified date) ____________________________
*Effective fall, 2012, newly admitted students ages 21 and younger residing in campus housing must provide documentation of immunity against meningococcal disease. All applicants for admission who will be 21 or younger in fall, 2012, are encouraged to provide information regarding any meningitis or meningococcal vaccinations such as: MCV4, MPSCA4, or Menactra.

Signature of Physician or Authorized Health Representative     Date

Warning to Student: Students found forging signatures or providing other false information will be subject to disciplinary proceedings. Do not send original immunization records because all Student Health Services records are purged after seven years.

Immunization Exceptions:
1. All students born prior to Jan. 1 1957 are exempt from the MMR vaccine.
2. Medical exemptions. I certify that it would be harmful to this student's health to be immunized against measles, mumps and rubella. (Check one) Temporary_____ Permanent_____. If temporary, please indicate when it would be possible for the student to receive immunization.

Signature of Physician or Authorized Health Representative     Date

Optional conscientious exemption:
I hereby declare that immunization against measles, mumps, or rubella is contrary to my conscientiously held beliefs.

Signature of Student          Date