

IMMUNIZATION FORM

To be completed by student:

MECA ID # _____

NAME (PRINT CLEARLY) _____

STREET _____

CITY / STATE / ZIP CODE _____

SOCIAL SECURITY # _____

DATE OF BIRTH _____

THIS FORM IS REQUIRED FOR ENROLLMENT IF YOU ARE:

1. Born after 1957, and
2. Matriculated in a degree program **or** taking 12 or more credits
3. Living in a MECA residence hall.

WE WILL ALSO ACCEPT AS PROOF OF IMMUNIZATION (ATTACHED TO THIS FORM):

1. Photocopy of a school health record
2. Photocopy of a physician immunization record
3. U.S. Military immunization record

This form needs to be forwarded to your physician or school nurse for proper dates and the necessary signature(s).

Your patient will be attending Maine College of Art. Please assist us in this effort by documenting the immunization status of this student. This is a requirement for enrollment.

TETANUS-DIPHTHERIA

Received tetanus-diphtheria vaccine within the last 10 years:

_____/_____/_____
MONTH DATE YEAR

MMR (Measles, Mumps, Rubella)

Received **two** doses, beginning after first birthday:

_____/_____/_____
MONTH DATE YEAR

_____/_____/_____
MONTH DATE YEAR

***A copy of the lab results of MMR titer test must be included if original MMR vaccines are not available.**

NAME OF PHYSICIAN OR NURSE _____

SIGNATURE OF PHYSICIAN OR NURSE _____

CLINIC NAME _____

PHONE NUMBER _____

ADDRESS _____

DATE _____

For Office Use Only

DATE RECEIVED: _____

INITIALS: _____

IMMUNIZATIONS ALL CURRENT? Y / N

UNTIL: _____