

IMMUNIZATION FORM

To be completed by student:

MECA&D 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&D 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 & Design. Please assist us in this effort by documenting the immunization status of this student. This is a requirement for enrollment.

MMR (Measles, Mumps, Rubella)

Received two doses, beginning after first birthday:

MMR #1 _____
MONTH / DATE / YEAR

MMR #2 _____
MONTH / DATE / YEAR

TETANUS-DIPHTHERIA

Received Td (Tetanus-Diphtheria) vaccine within the last 10 years
OR

Tdap (Tetanus, Diphtheria, Pertussis) within the last 10 years:

Td _____
MONTH / DATE / YEAR

Tdap _____
MONTH / DATE / YEAR

Note: In lieu of MMR vaccination records you may submit laboratory evidence of immunity to measles, mumps and rubella. Attach the lab reports to this form. Proof of Td vaccination is still required.

NAME OF PHYSICIAN OR NURSE _____

CLINIC NAME _____

ADDRESS _____

SIGNATURE OF PHYSICIAN OR NURSE _____

PHONE NUMBER _____

DATE _____

For Office Use Only

DATE RECEIVED: _____

IMMUNIZATIONS ALL CURRENT? Y / N

INITIALS: _____

UNTIL: _____