IMMUNIZATION REQUIREMENT

You will not be permitted to register for classes without proof of immunity against Measles, Mumps and Rubella on file with the Campus Health Service.

University of Arizona policy requires that all students born after 12/31/56 meet the following immunization requirements for Measles (Rubeola), Mumps and Rubella:

1. **Proof of two (2) MMR immunizations or a lab test that shows immunity to Measles (Rubeola), Mumps and Rubella.**
   (Rubeola = Hard measles/10 day measles; Rubella = 3 day measles/German measles.**)**
2. **At least one of the MMR shots must have been given after 1979.**
3. **The immunization requirement is waived if you were born before January 1, 1957.**

Due to periodic outbreaks of Measles and Mumps throughout the United States, we are requiring that all new incoming students have received *two doses of the MMR (Measles, Mumps and Rubella) vaccine* at some time in their life.

Please have your health care provider complete and sign the form below or you may fill in your personal information and attach a copy of your vaccination or blood testing records.

Mail or Fax to:

FAX NUMBER: (520) 621-9471 PHONE NUMBER: (520) 621-2384

MAILING ADDRESS: Immunization Requirement Coordinator
Campus Health Service
The University of Arizona
P.O. Box 210095
Tucson, AZ. 85721-0095

_____

NAME: Last First Middle

Date of Birth:_____ University ID #:_____

Cell phone number:_____ Home phone number:_____

Date of MMR #1 (Measles, Mumps, Rubella) _____/_____/_____

Date of MMR #2 (Measles, Mumps, Rubella) _____/_____/_____

OR

Date of blood test (titer) proving immunity for Rubeola, Rubella and Mumps: _____/_____/_____

OPTIONAL Immunization Information: Most recent Tetanus/Diphtheria or Tdap (with Pertusis): Month_____Year_____

Other recommended immunizations: Hepatitis B, Varicella (Chickenpox) and Meningococcal (meningitis) vaccines.

Health Provider's Signature:_____ Date:_____

CHS71 10/2009