PROOF OF IMMUNITY

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	All	l students born after 1956 i	must check and complete	ONE of the boxes below	
П	For first box: vaccina	tion dates must be after you firs	t birthday (MMR combined v	accination=1 measles, 1 mumps, a	nd 1 rubella).
Date	e of <u>1st</u> Measles Vaccination I (Or <u>1st</u> MMR)	// Date of <u>1st Mumps Vaccination</u> (Or <u>1st MMR</u>)	// Date of Rubella Vaccination (Or <u>1st</u> MMR)	// Date of <u>2nd</u> Measles Vaccination (Or <u>2nd</u> MMR)	// Date of <u>2nd</u> Mumps Vaccination (Or <u>2nd</u> MMR)
OR OR	Provide documentation of have	ring had Measles and Mumps di	iseases, and also documented b	blood test results proving immunit	y to Rubella disease.
	Provide documented blood test results proving immunity to Measles, Mumps, and Rubella diseases.				
	I certify that the information provided on this form is accurate. I understand that if I provide false or misleading information I am in violation of University regulations and may be subject to discipline by the Student Conduct Committee and possible dismissal from the University of Utah.				
	•				//
	Print Name:/	_/ U of U St	udent ID#		See reverse for remittance address.
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	/ /	/ /	/ /	1 1	/ /
Date	e of <u>1st</u> Measles Vaccination I (Or <u>1st</u> MMR)	Date of <u>1st</u> Mumps Vaccination (Or <u>1st</u> MMR)	Date of Rubella Vaccination (Or <u>1st</u> MMR)	Date of <u>2nd</u> Measles Vaccination (Or <u>2nd</u> MMR)	Date of 2nd Mumps Vaccination (Or 2nd MMR)
OR	Provide documentation of have	ving had Measles and Mumps d	iseases, and also documented b	olood test results proving immunit	y to Rubella disease.
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OR	Provide documentation of having had Measles and Mumps diseases, and also documented blood test results proving immunity to Rubella disease.				
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