



DIVISION OF
STUDENT AFFAIRS
UNIVERSITY HEALTH CENTER
IMMUNIZATION RECORD

Please submit your immunization information ONLINE no later than the first day of class
Unless instructed to do so, you do not need to complete this form if you have already uploaded your Immunization
PLEASE PRINT LEGIBLY IN BLUE OR BLACK INK.

Name (Last)	First
University ID#	Date of Birth (mm/dd/yyyy)
Cell phone number:	Email Address:
What is your home country?	

Parental/Guardian Consent (for students under age 18):

I give permission for such diagnostic and therapeutic procedures as may be deemed necessary for my student until they turn 18. The Health Center will seek to notify parents in the event of an emergency.

Signed	Relationship	Date
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SECTION A: REQUIRED FOR ALL STUDENTS		
COVID-19**	<input type="checkbox"/> I have uploaded my COVID-19 vaccination information at myuhc.umd.edu	
SECTION B (REQUIRED): ALL STUDENTS BORN AFTER 1956 MUST PROVIDE THIS INFORMATION		
Vaccines	Dates Given/Performed	Requirements
MMR	Dose 1 ____/____/____ mm dd yyyy Dose 2 ____/____/____ mm dd yyyy	2 doses of MMR -At least 4 weeks between doses -First dose given after 1st birthday -Second dose after age 4
OR		
Individual Vaccines: -Measles -Mumps -Rubella	<u>Measles</u> Dose 1 ____/____/____ mm dd yyyy Dose 2 ____/____/____ mm dd yyyy <u>Mumps</u> Dose 1 ____/____/____ mm dd yyyy Dose 2 ____/____/____ mm dd yyyy <u>Rubella</u> Dose 1 ____/____/____ mm dd yyyy Dose 2 ____/____/____ mm dd yyyy	2 doses of each individual component (2 measles, 2 mumps, 2 rubella) -At least 4 weeks between doses -First dose given after 1st birthday -Second dose after age 4
OR		
Positive blood test	Measles titer date ____/____/____ mm dd yyyy Result_____ Mumps titer date ____/____/____ mm dd yyyy Result_____ Rubella titer date ____/____/____ mm dd yyyy Result_____	Positive titers showing immunity *Lab report must be attached
Tdap	____/____/____ mm dd yyyy	One dose given at age 11 or later