

IMMUNIZATION DEPARTMENT

ASU Health Services

Arizona State University

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- Arizona State University policy – SSM 106-01 requires the following from all incoming and transfer students:
- Proof of TWO MMR – Measles, Mumps and Rubella vaccinations. The first vaccination is given at or after 1 year of age and the second is commonly given at or after 4-6 years of age. If your records do not reflect this immunization schedule, the two MMR vaccinations must be at least 28 days apart from each administrated date. Note: The first MMR must be at or after 1 year of age.
- OR**
- Proof of a POSITIVE titer test that shows immunity to RUBELLA or MMR.
- At least one MMR vaccination must have been given after 1979.
 - All documents must be in English (translated copies will be accepted).
 - Students born before January 1, 1957 are not subject to this requirement.

You may personally fill out this form without provider signature if you include a copy of your vaccination record or a copy of your Rubella or MMR titer blood test.

Don't have a copy of your records?

A. You may have your healthcare provider fill out the needed information and sign/stamp the form below.

OR

B. Schedule an appointment with ASU Health Services for MMR vaccinations or lab test for RUBELLA.

For appointments please call (480) 965-3349

Please allow time for processing. Check your status by logging on to MyASU, Priority Tasks. If you do not see a hold for MMR's then you have been cleared.

Date of MMR #1 $\frac{(MM)(DD)(YYYY)}{07/27/2010}$ (after 1st year of birth)

Date of MMR #2 $\frac{(MM)(DD)(YYYY)}{09/27/2010}$

OR Date of Rubecola or MMR titer test _____ (MM) (DD) (YYYY)
 (***)Lab test must be attached as we need to verify results of Rubecola(***)

HIGHLY RECOMMENDED IMMUNIZATIONS

Meningitis (Most recent) _____ / _____ / _____ (MM) (DD) (YYYY)
Tetanus/TDAP _____ / _____ / _____ (MM) (DD) (YYYY)

Health Care Provider Signature / Stamp

(Signature of provider is not necessary if a copy of vaccination records is attached.)

Student's Information: Last Name _____ First Name, Middle Initial _____

Date of Birth (MM/DD/YYYY)

University ID# (10 digits)

Phone Number

Email Address

5/28/15