## **University of Southern Maine Health & Counseling Services**

## **Request for Immunization Verification**

<u>Dear Health Care Provider</u>: Maine State Law (22 MRSA §6359) requires that post-secondary education students who are born after 1956 and attending school full time or who are part-time but matriculated into a degree program submit proof of immunization as follows:

- 2 doses of Measles, Mumps, Rubella (MMR) given after the first birthday.
- 1 dose of Tetanus/Diphtheria (Td) or Tetanus/Diphtheria/Pertussis (Tdap) given within the last 10 years

Please assist this student by providing them a copy of their immunization records, including the vaccines highlighted above. Alternatively, you may complete/sign the boxed section below.

\*Note – In the absence of MMR vaccination records, you may submit laboratory evidence of immunity to Measles, Mumps and Rubella via titer results. Proof of Td or Tdap vaccination is still required. Student MaineStreet ID# Date of Birth Student Name To be completed/signed by Health Care Provider: MMR #2: \_\_\_\_/\_\_\_\_ OR Please enter dates and circle results of MMR Titres Measles Titre \_\_\_\_/\_\_\_\_ Not Immune Immune Mumps Titre \_\_\_\_\_/\_\_\_\_\_ Immune Not Immune Rubella Titre \_\_\_\_/\_\_\_\_ Immune Not Immune Health Care Provider signature/credentials Date