

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

Request for Immunization Verification

Dear Health Care Provider: 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 mailing or faxing a copy of their immunization records, including the vaccines highlighted above, to the USM Health & Counseling location listed at the bottom of this page. Alternatively, you may complete/sign the boxed section below and submit this form to the same location.

*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 Name

Student MaineStreet ID#

Date of Birth

To be completed/signed by Health Care Provider:

MMR #1: ____/____/_____
Date

MMR #2: ____/____/_____
Date

OR Please enter dates and circle results of MMR Titres

Measles Titre ____/____/_____
Date

Negative Positive Equivocal

Mumps Titre ____/____/_____
Date

Negative Positive Equivocal

Rubella Titre ____/____/_____
Date

Negative Positive Equivocal

Td: ____/____/_____
Date

Tdap: ____/____/_____
Date

Health Care Provider signature/credentials

Date

Mail/Fax to:

USM Health & Counseling Services
37 College Ave
156 Upton Hall
Gorham, ME 04038
Fax: 207-780-4911