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 _____/_____/__________
Negative Positive Equivocal

Mumps Titre _____/_____/__________
Negative Positive Equivocal

Rubella Titre _____/_____/__________
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