

# IMMUNIZATION REQUIREMENT



***You will not be permitted to register for classes without proof of immunity against Measles, Mumps and Rubella on file with the Campus Health Service.***

University of Arizona policy requires that all students born after 12/31/56 meet the following immunization requirements for Measles (Rubeola), Mumps and Rubella:

**1. Proof of two (2) MMR immunizations or a lab test that shows immunity to Measles (Rubeola), Mumps and Rubella.**

(Rubeola = Hard measles/10 day measles; Rubella = 3 day measles/German measles.)

**2. At least one of the MMR shots must have been given after 1979.**

**3. The immunization requirement is waived if you were born before January 1, 1957.**

Due to an epidemic of Mumps in the Midwest United States during the Spring of 2006 and a current outbreak of measles in Tucson, Arizona, we are recommending that all new incoming students have received two doses of the MMR (Measles, Mumps and Rubella) vaccine at some time in their life. Please have your health care provider complete and sign the form below or you may fill in your personal information and attach a copy of your vaccination or blood testing records.

Mail or Fax to:

**FAX NUMBER: (520) 621-9471**

**PHONE NUMBER: (520) 621-2384**

**MAILING ADDRESS:**

Immunization Requirement Coordinator  
Campus Health Service  
The University of Arizona  
P.O. Box 210095  
Tucson, AZ. 85721-0095

NAME: Last First Middle

Date of Birth: \_\_\_\_\_ University ID #: \_\_\_\_\_

Cell phone number: \_\_\_\_\_ Home phone number: \_\_\_\_\_

Date of MMR #1 (Measles, Mumps, Rubella) \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of MMR #2 (Measles, Mumps, Rubella) \_\_\_\_/\_\_\_\_/\_\_\_\_

**OR**

Date of blood test (titer) proving immunity for Rubeola, Rubella and Mumps: \_\_\_\_/\_\_\_\_/\_\_\_\_

**OPTIONAL** Immunization Information: Most recent Tetanus/Diphtheria or Tdap (with Pertusis): Month \_\_\_\_ Year \_\_\_\_

**Other recommended immunizations:** Hepatitis B, Varicella (Chickenpox) and Meningococcal vaccines.

Health Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_