IMMUNIZATION REQUIREMENT

Doctor/Provider Signature and Stamp



<u>Due to periodic outbreaks of Measles and Mumps throughout the United States</u>, we require that all new incoming students have two documented doses of the MMR vaccine. You will not be permitted to enroll in or drop classes without proof of immunity against Measles, Mumps, and Rubella (MMR) on file with the UA Campus Health Service.

The University of Arizona policy requires the following from all incoming and transfer students: Proof of immunity to measles and mumps by one of the following:

- Two (2) MMR immunizations with the first given at or after 1 year of age and the second given at least 28 days apart from the first, OR
- A lab test that shows antibody immunity to Measles, Mumps, and Rubella
- The immunization requirement is waived if you were born before January 1, 1957.

IMMUNIZATION UPLOAD: The best method of submitting your record is through your Patient Link portal at: www.health.arizona.edu > Services > Patient Link > Click to Access Patient Link

Log into Patient Link with your Net ID and password. Go to Forms > Immunization History > Enter the dates for your immunizations > Add Immunization Record > Submit.

| Mail: The University of Arizona Campus Health Service Medical Records P.O. Box 210095 Tucson, AZ. 85721-0095 | Fax: (520) 621-9471 | | Phone: (520) 621-2384 | |
|---|---|---|------------------------------|---------------|
| You can check the status of your s Also, you can view your immunizat | | our Next Steps Ce | nter or UAc | cess Student. |
| Please have your health care provi information and attach a copy of you | | | in your pers | sonal |
| NAME | | | 0: 1:15 | |
| Last | First | M.I. | Student I.D. | Number |
| Phone () | Email: | Date of Birth: | | |
| Data of MMD #4. Magalag Mumpa Duba | lla (given en er efter 1et hirthdev) | Month | Day | Year |
| Date of MMR #1: Measles, Mumps, Rubel Date of MMR #2: Measles, Mumps, Rubel OR | lla (given at least 28 days or more after the | 1st) | | |
| If no record of a vaccine, please e | electronically submit a copy of your | MMR IgG blood tit | ers. | |
| Recommended Immunizations: The be up-to-date on the following vaccines (Tetanus, Diphtheria, and Pertussis), Fannual Influenza Vaccine. All of the ab | s: Meningococcal (Meningitis), Mening HPV, (Human Papillomavirus), and Var | ococcal B, Hepatitis Aricella (Chickenpox). | A, Hepatitis E | B, TDAP |

Date