

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 an outbreak of measles in Tucson, Arizona during the spring of 2008, 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: _____