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Student Immunization Record

# Part I – Student Information

Last name: First name: \_ AUP ID:

Date of birth (month/day/year): \_ First semester of attendance:

# Part II – Immunization Records

**Ask your doctor or a health care provider** to complete this section ensuring that dates respect the month/day/year format.

## Measles, Mumps and Rubella (MMR)

MMR #1 Date of vaccine \_/ \_/ \_ (given after 12 months or first birthday) MMR #2 Date of vaccine \_/ \_/ \_ (given at least 28 days after MMR #1)

If individual vaccines were received for measles, mumps and rubella, please complete the following: Measles (Rubeola) Vaccine Date of vaccine #1 /\_ / \_

Date of vaccine #2 /\_ / \_

Rubella (German Measles) Vaccine Date of vaccine #1 /\_ / \_

Date of vaccine #2 /\_ / \_

Mumps Vaccine Date of vaccine #1 /\_ / \_ Date of vaccine #2 /\_ / \_

## Tetanus – Diphtheria or DPT

Primary series of four doses with DPT, DTaP, DT or Td:

Date of Dose 1 Date of Dose 2 Date of Dose 3 Date of Dose 4

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## Meningitis Vaccine, (A, C, Y, W-135 : Menveo, Menactra or Nimenrix)), required for all students

## Recommended every 5 years.

Date of vaccine \_/ /

## HEALTHCARE PROVIDER SIGNATURE:

**DATE:**

## PROVIDER’S PRINTED NAME AND ADDRESS \_