

Student Immunization Record Form

Date _____ Erikson ID _____

Student name _____

Last
Date of Birth (month/day/year) _____ First
Gender _____ Middle initial _____

Semester of first enrollment Fall Spring Summer Year of first enrollment _____

Please complete either Option A or Option B

- Option A: Include a copy of your Official Immunization Records proving ALL immunizations.
- Option B: See Below - Remainder of form to be completed and signed by physician or health care provider

Section 1-A: MMR

Note: If MMR was not given, individual immunizations should be listed in Section 1-B.

Dose one Immunized on or after _____
first birthday Date

AND

Dose two Immunized at least 30 _____
days after dose 1 Date

Section 1-B: Measles/Mumps/Rubella

Please indicate one of the following options and provide proper documentation.

Measles

Immunized with live vaccine on or
after first birthday _____
Date

AND

Immunized with live vaccine at least
30 days after dose 1 _____
Date

Laboratory evidence of immune titer _____
Date

Physician diagnosis of disease _____
Date

Exemption. *Please explain:*

Mumps

Immunized with live vaccine on or
after first birthday _____
Date

AND

Immunized with live vaccine at least
least 30 days after dose 1 _____
Date

Laboratory evidence of immune titer _____
Date

Physician diagnosis of disease _____
Date

Exemption. *Please explain:*

Section 1-B Continued

Rubella

Immunized with live vaccine on or
after first birthday _____
Date

AND

Immunized with live vaccine at least
30 days after dose 1 _____
Date

Laboratory evidence of immune titer _____
Date

Physician diagnosis of disease _____
Date

Exemption. *Please explain:*

Section 2: Tetanus/Diphtheria

Please provide dates and proper documentation for the following: 3 dates must be provided per state law

Booster given within ten years _____
Date

_____ Date

_____ Date

Section 3: Health Care Provider Information

Name

Telephone

Signature Date

For Registration and Student Records Office use only

Date received _____ Staff initials _____