

PROOF OF IMMUNITY

All students born after 1956 must check and complete ONE of the boxes below

For first box: vaccination dates must be after you first birthday (MMR combined vaccination=1 measles, 1 mumps, and 1 rubella).

<input type="checkbox"/>	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
	Date of <u>1st</u> Measles Vaccination	Date of <u>1st</u> Mumps Vaccination	Date of Rubella Vaccination	Date of <u>2nd</u> Measles Vaccination	Date of <u>2nd</u> Mumps Vaccination
	(Or <u>1st</u> MMR)	(Or <u>1st</u> MMR)	(Or <u>1st</u> MMR)	(Or <u>2nd</u> MMR)	(Or <u>2nd</u> MMR)

OR

Provide documentation of having had Measles and Mumps diseases, and also documented blood test results proving immunity to Rubella disease.

OR

Provide documented blood test results proving immunity to Measles, Mumps, and Rubella diseases.

I certify that the information provided on this form is accurate. I understand that if I provide false or misleading information I am in violation of University regulations and may be subject to discipline by the Student Conduct Committee and possible dismissal from the University of Utah.

Signature: _____ Date: ____/____/____

Print Name: _____

Birth Date: ____/____/____ U of U Student ID# _____ See reverse for remittance address.

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