ARKANSAS STATE UNIVERSITY

MEASLES, MUMPS AND RUBELLA (MMR) IMMUNITY REPORT

Student Name (PLEASE PRINT) _____

If received the MMR vaccine, complete SECTION A and leave SECTION B blank.

If did not receive the MMR vaccine, complete SECTION B and leave SECTION A blank.

Section A: MMR Vaccination (must have both doses)

_____ _____

Date First Dose | Date Second Dose (must be as lease 28 days after first dose)

Section B(1): Rubella Immunity Report (check the one that is proof)
A history of the disease will not be acceptable

_____ Documented Rubella Vaccination

_____ _____

Vaccine | Date

_____ Documented Rubella Immunity: Laboratory evidence of immunity will be accepted as follows: Serology by HAI to measles of 1:16 or positive immunofluorescence to Measles Virion of 1:8 or higher.

_____ _____ _____

Test type | Date | Reaction

Section B(2): Rubeola Immunity Report (check the one that is proof)

_____ Born before 1/1/1957

_____ Documented Rubeola Vaccination

_____ _____

Vaccine | Date

_____ Documented Rubeola Immunity

_____ _____ _____

Test Type | Date | Reaction

_____ _____

Nurse's or Physicians Signature | Date

Physician or Clinical Address: _____

Physician or Clinic Phone Number: _____