



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 at least 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: _____