

MISSISSIPPI STATE UNIVERSITY IMMUNIZATION FORM

Please return this form to:
Longest Student Health Center
P.O. Box 6338, Mississippi State, MS 39762
Phone: 662 325-0706 - Fax: 662 325 8888
Email: health@msstate.edu

This form is provided for your convenience. We will accept any form that provides the same information requested below.

PLEASE PRINT

Name _____ MSU ID Number _____
Last First M.I.

Address _____
Street or P.O. Box City State ZIP

Phone Number (____) _____ Date of Birth _____

E-mail _____

ALL students including transfer and graduate students, born after 1956 are required to provide proof of immunity to Rubeola (red measles), Rubella (German measles) and Mumps (MMR). Immunity may be demonstrated by one of the following:

- Documentation (month, day, year) of two MMRs (measles, mumps, rubella vaccination), or
- Documented history (month/year) of positive Rubeola, Rubella, and Mumps serologic titer. *Copies of lab results must accompany this form, or*
- Physician documented history (month, day, and year) of having had measles, rubella and mumps. *Office records must accompany this form.*

Please comply with this requirement before you come to campus.

You cannot complete registration until this requirement has been met. Incomplete forms will be returned.

1st MMR vaccination*	2nd MMR vaccination*
_____	_____
<small>Month Day Year</small>	<small>Month Day Year</small>

OR

Rubeola, Rubella, and Mumps vaccinations may have been given separately rather than combined as MMR immunizations		
Vaccination	1st Vaccination	2nd Vaccinations
Rubeola*/** (red measles)	_____ <small>Month Day Year</small>	_____ <small>Month Day Year</small>
Rubella */** (German measles)	_____ <small>Month Day Year</small>	_____ <small>Month Day Year</small>
Mumps */**	_____ <small>Month Day Year</small>	_____ <small>Month Day Year</small>

OR

In lieu of vaccinations, please check indications for immunity and include required documentation.

- ___ Serologic confirmation of immunity to Rubeola (red measles). Copy of lab results must accompany form.
- ___ Serologic confirmation of immunity to Rubella (German measles). Copy of lab results must accompany form.
- ___ Serologic confirmation of immunity to Mumps. Copy of lab results must accompany form.
- ___ Had Rubeola (red measles). Attach office records.
- ___ Had Rubella (German measles). Attach office records.
- ___ Had Mumps. Attach office records.
- ___ Medically contraindicated because of pregnancy, allergy to vaccine, immune compromised (HIV), etc. List reasons, EDC, etc. _____

ALL DOCUMENTATION MUST BE SIGNED BY A PHYSICIAN OR AUTHORIZED HEALTHCARE PROVIDER AND ACCOMPANIED BY AN OFFICE STAMP WITH ADDRESS.

Name of Clinic _____

Address of Clinic _____

CLINIC STAMP

Signature of Health Care Provider _____

*Not required for females who may be pregnant

** Reimmunization is necessary when:

- Rubeola was administered before 12 months of age and/or before January 1, 1968.
- Rubella was administered before 12 months of age and/or before January 1, 1969.
- MMR vaccine was administered before 12 months of age.

If you have questions, please call the Immunization Coordinator at 662-325-0706 or e-mail health@msstate.edu