

**University of Southern Maine  
Immunization Verification**

**MAINE STATE LAW REQUIRES COLLEGE STUDENTS TO SHOW PROOF OF  
IMMUNIZATION AGAINST MEASLES, MUMPS, RUBELLA (MMR) AND  
TETANUS AND DIPHTHERIA (Td).**

**\*\*STUDENTS BORN BEFORE JANUARY 1, 1957 DO NOT NEED TO SUBMIT RECORDS\*\***

**STUDENTS HAVE 2 OPTIONS WHEN SUBMITTING THEIR RECORDS:**

**OPTION #1:** HAVE YOUR HEALTH CARE PROVIDER COMPLETE THIS FORM BY  
FILLING IN THE DATES OF YOUR VACCINATIONS AND SIGNING BELOW

**OPTION #2:** MAIL IN A COPY OF YOUR IMMUNIZATION RECORDS.

**Student Name:** \_\_\_\_\_

**ID#** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**REQUIRED VACCINATIONS: PLEASE FILL IN DATES**

1. MMR ( MEASLES, MUMPS, RUBELLA) AFTER STUDENT'S FIRST BIRTHDAY

MMR #1 \_\_\_\_/\_\_\_\_/\_\_\_\_

MMR #2 \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Td ( TETANUS, DIPHTHERIA) WITHIN THE LAST 10 YEARS OR  
Tdap (TETANUS, DIPHTHERIA, PERTUSSIS) WITHIN THE LAST 10 YEARS

Td \_\_\_\_/\_\_\_\_/\_\_\_\_( WITHIN LAST TEN YEARS)

Tdap \_\_\_\_/\_\_\_\_/\_\_\_\_( WITHIN LAST TEN YEARS)

Signature and title of Health Care Provider: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE NOTE**

In lieu of MMR vaccination records you may submit laboratory evidence of immunity to measles, mumps and rubella. Attach the lab reports to this form. Proof of Td vaccination is still required

**Mail to:**  
UNIVERSITY OF SOUTHERN MAINE  
HEALTH SERVICES- MODULAR UNIT  
P.O. BOX 9300  
PORTLAND, MAINE 04104

**Fax to:** (207) 780-4911