THE UNIVERSITY OF MEMPHIS
CERTIFICATE OF IMMUNIZATION

Name (Print)_____
Last First M.I.
Birthdate _____ SSN# _____ Phone # _____

Current mailing address_____
(Street) (City) (State) (Zip)

Semester enterin: Summer _____ Fall _____ Spring _____
(year) (year) (year)

This record must be completed before registration and reflect **proof of two (2) MMR vaccinations** administered on or after your first birthday, or documented proof of immunity to measles.

This form must be signed by your health care provider. A permanent Tennessee certificate of Immunization (form 2414) or comparable form from another state's Health Department, or a signed medical record from your Doctor will be acceptable substitutes. Photocopies are acceptable; do not send originals as they will not be returned.

Please disregard this form if you were born before 1957
Since you are considered to have Immunity to Rubeola

The following section is to be completed and signed by a Health Care Provider. (Dates must include month and year).

Measles (Rubeola) - Check appropriate box:

Month/Year

( ) Dates Immunized with MMR Vaccine #1 ____/_____
#2 ____/_____

( ) Date Immunized with live (Rubeola) Vaccine ____/_____

( ) Medically contraindicated because of medical condition
(i.e., allergy to vaccine or neomycin, etc.)
List reasons _____ Attach physician statement ____/_____

( ) Refuses immunization because of religious objections ____/_____
Attach official clergy statement

( ) Had disease: Confirmed by health care provider office record ____/_____

( ) Has Immune titer confirmation of disease
Specify type of titer _____ ____/_____

HEALTH CARE PROVIDER:

NAME _____ ADDRESS _____

SIGNATURE _____ PHONE _____

Please return to:
THE CENTER FOR INTERNATIONAL PROGRAMS AND SERVICES
STUDY ABROAD OFFICE
102 BRISTER HALL
THE UNIVERSITY OF MEMPHIS
MEMPHIS, TN 38152-3460