

FORM M-1

MMR VACCINATION SERIES FORM

Requirement:

If you were born AFTER 1956, you **MUST** submit documentation confirming that you received **2 valid MMRs** in addition to doing the IgG titers for Mumps, Rubeola, and Rubella (read *The 5 Required Titers flyer* for details). **The MMR is a "live" vaccine**, so complete your TB clearance before getting a dose of the MMR vaccine.

If you were born BEFORE 1957, your healthcare provider just needs to fill in your date of birth and sign this form; **you still must get the IgG titers for Mumps, Rubeola, and Rubella.**

Student's Name: _____

For your Healthcare Provider to fill out:

Student's Date of Birth: _____

ORIGINAL MMR VACCINATION RECORD (2 DOSES)			
DOSE	Date Given	Comment	Rule
1st			Received ON or AFTER 1st birthday
2nd			Received at least 28 days after 1st MMR

Clinic or Provider Name Healthcare Provider's Signature

MMR RE-VACCINATION RECORD (2 FOLLOW-UP DOSES)			
ONLY IF any of your MMR IgG titers returns non-positive; re-titer 1 month after 2nd			
DOSE	Date Given	Clinic / Provider	Provider Signature
1st			
2nd 1 month after 1 st			