

FORM M-1

UNIVERSITY OF HAWAI‘I
AT MĀNOA

School of Nursing and Dental Hygiene
Office of Student Services

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). *You may submit alternate documentation in place of this form if your documentation contains the exact same information captured by this form.*

Reminder: the MMR is a "live" vaccine! Complete your TB clearance before you get an MMR.

If you were born BEFORE 1957, your healthcare provider **MUST** use this form! Have your provider fill in your date of birth and sign this form. **Note: you still must get the IgG titers for Mumps, Rubeola, and Rubella** even if you were born BEFORE 1957.

Student Name: _____

For your Healthcare Provider to fill out:

Student's Date of Birth: _____

ORIGINAL MMR VACCINATION RECORD (2 DOSES)			
DOSE	Date Given	Comment	Rule
1 st			Received ON or AFTER 1st birthday
2 nd			Received <i>at least 28 days</i> 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 2 nd			
DOSE	Date Given	Clinic / Provider	Provider Signature
1 st			
2 nd 1 month after 1 st			