Understanding Immunizations

Part of the Medical Services mission is to prevent disease and to keep you healthy. By prioritizing your health, you are more likely to enjoy a successful academic career here at Northern Arizona University. Vaccinations are a simple, safe, and effective way to prevent many diseases that could stop you from attending class or completing your assignments.

While we have a variety of vaccinations available here at Medical Services that are useful for students who may be studying overseas, there is one required immunization that all students must have—measles, mumps, rubella (MMR). Although uncommon because of current immunization practices, more and more cases of this infection have occurred. It can cause serious illness and even death. The following information details this requirement.

Immunization requirement

To safeguard the health of the NAU population, ALL new and transfer students are required to provide proof of immunity to measles, mumps and rubella (MMR) - for all students born after December 31, 1956. Before a student can register, they are required to show proof of measles, mumps and rubella vaccinations or a lab test showing proof of immunity to the measles, mumps and rubella. You may obtain a copy of an official immunization record from your health care provider, health department, high school, or previous university. The MMR vaccine is available on a walk-in basis for a fee at Medical Services.

Submission requirements

Flagstaff Campus students must only submit a completed Immunization Policy Form (see back of this document) and proof of one of the following to Medical Services:

- Two (2) MMR (measles, mumps, and rubella) vaccines given on or after your first birthday, and the second given at least 28 days after the first; OR
- A lab test showing immunity to measles, mumps and rubella; OR
- Date of birth before January 1, 1957
- Physician's documentation of the disease

* In cases of legal name changes, please supply documentation of this change, such as a marriage license, divorce decree, adoption records, or court orders

You will not be permitted to register for classes until you meet this requirement. Please allow 24-48 hours for processing. You may submit your required documents via mail, fax, e-mail or in person:

Immunizations
Medical Services
Campus Health Services
PO Box 6033
824 S. San Francisco St. Bldg. 25
Flagstaff, Arizona 86011-6033
Phone: 928-523-6359
Fax: 928-523-4411
E-mail: chs.records@nau.edu
To safeguard the health of the NAU population, ALL new and transfer students are required to provide proof of immunity to measles, mumps and rubella (MMR).

Please attach a copy of your immunization records OR blood test results proving immunity to measles, mumps, and rubella OR have a healthcare provider complete the form, then sign AND stamp below.

NAU Campus Health Services requires ONE of the following or you will not be able to adjust your class schedule.

- Two (2) MMR (measles, mumps, and rubella) vaccines given on or after your first birthday, and the second given at least 28 days after the first; OR
- A lab test showing immunity to measles, mumps and rubella; OR
- Date of birth before January 1, 1957

Please submit your documents in person or in one of the following ways:

MAIL: Immunizations 928-523-4411
Northern Arizona University
Campus Health Services
P. O. Box 6033, Flagstaff, AZ 86011

FAX: chs.records@nau.edu

EMAIL: chs.records@nau.edu

PHONE: 928-523-6359

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NAME: LAST: ____________________________ FIRST: ____________________________ M.I.: _______

NAU ID: ____________________________ NAU EMAIL: ____________________________ DATE OF BIRTH: ___________ ___________ (MM/DD/YY)

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REQUIRED IMMUNIZATIONS

MMR #1: Measles, Mumps, Rubella (given on or after 1st birthday)

MMR #2: Measles, Mumps, Rubella (given at least 28 days or more after the first)

OR

Copy of blood test results proving immunity to measles, mumps, and rubella

OPTIONAL RECOMMENDED IMMUNIZATIONS

Most recent Tetanus, Diphtheria, Pertussis □ TD □ Tdap

Meningococcal (meningitis A) Dose #1 Dose #2

Meningococcal (meningitis B) Dose #1 Dose #2

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Healthcare Provider Signature: ____________________________ Date: ___________

(If filled out by a healthcare provider, please sign)

Healthcare Provider Office Stamp: ____________________________

(If no stamp, you must send copy of records)

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We also recommend that all students be up-to-date with the following vaccines that are recommended by the U.S. Centers for Disease Control and Prevention (CDC). (http://www.cdc.gov/vaccines/)

- MENINGOCOCCAL (meningitis) “A”
- MENINGOCOCCAL (meningitis) “B”
- TDAP (tetanus, diphtheria, pertussis)
- HPV (human papillomavirus)
- VARICELLA (chickenpox)
- HEPATITIS A
- HEPATITIS B
- INFLUENZA