

Measles, Mumps, Rubella (“MMR”) Immunization Verification Form

ALL students are **REQUIRED** to provide proof of immunity to measles, mumps and rubella (“MMR”).

Before students may enroll in classes, NAU requires documentation of **ONE** of the following:

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

It is preferred that documents are submitted electronically. Please go to www.campushealth.nau.edu

After logging in, click on “Immunization Requirement” and follow the instructions.

If unable to submit electronically, you may send documentation by:

- Fax 928-523-4411
- Email chs.records@nau.edu
- Mail Campus Health Services Immunizations, PO Box 6033, Flagstaff, AZ, 86011-6033

The following documentation is acceptable:

- This completed form, signed, dated, and **stamped** by your healthcare provider; OR
- A copy of your most up-to-date immunization record (obtained from your healthcare provider or school); OR
- A copy of your laboratory test results showing immunity to measles, mumps, and rubella

Northern Arizona University, the American College Health Association, and the U.S. Centers for Disease Control and Prevention **strongly recommend** that all college students be up-to-date on the following vaccines:

MENINGOCOCCAL ACWY (Meningitis)	MENINGOCOCCAL B (Meningitis)
TDAP (Tetanus, Diphtheria, and Pertussis)	HPV (Human Papillomavirus)

Also recommended are HEPATITIS A and B, VARICELLA, and an annual INFLUENZA vaccine. All of these vaccines are available by appointment for a fee at NAU Campus Health Services.

First Name: _____ **Last Name:** _____ **MI:** _____

NAU ID: _____ **NAU E-mail:** _____ **Date of Birth:** ____/____/____

REQUIRED IMMUNIZATIONS	Month	Day	Year
MMR #1: measles, mumps, rubella (given on or after 1 st birthday)			
MMR #2: measles, mumps, rubella (given at least 28 days later)			
OR			
If no MMR vaccination record is available, you may submit a copy of your MMR blood titers (immunity status)			

Healthcare Provider Signature (required): _____ **Date:** ____/____/____

**Healthcare Provider
Office Stamp:
(required)**