Immunization Verification Request

Dear Health Care Provider: Maine State Law (22 MRSA §6359) requires that post-secondary education students who are born after 1957 and attending school full-time or who are part-time but matriculated into a degree program submit proof of immunization as follows:

- 2 doses of **Measles, Mumps, Rubella (MMR)** given after their first birthday **
- 1 dose of **Tetanus/Diphtheria (Td)** or **Tetanus/Diphtheria/Pertussis (Tdap)** given within the last 10 years

Please assist this student by mailing or faxing a copy of their immunization records, including the vaccines mentioned above, to the University of Maine Shared Processing Center listed at the bottom of this page. Alternatively, you may complete/sign the section below and submit this form to the same location.

**NOTE:** In the absence of MMR vaccination records, you may submit laboratory evidence of immunity to Measles, Mumps, and Rubella via titer results. Proof of Td or Tdap vaccination is still required.

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Student ID #</th>
<th>Date of Birth</th>
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To be completed/signed by Health Care Provider:

**MMR #1:** / /  

**MMR #2:** / /  

**Td:** / /  

**or**

**Td:** / /  

**Tdap:** / /  

__________________________  __________________
Health Care Provider Signature/Credentials  Date

Mail/Fax to:

Shared Processing Center  
P.O. Box 412  
Bangor, ME 04402-0412  
FAX: (207) 581-5451

MADM-2022