

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.

Student Name

Student ID #

Date of Birth

To be completed/signed by Health Care Provider:

MMR #1: __/ __/ __

Td: __/ __/ __

or

MMR #2: __/ __/ __

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