

Immunization Form

Please return this form to: Email: vaccines@yccc.edu
Fax: (207) 216-4416

Mail: 112 College Drive, Wells, ME 04090

Maine State Law requires that all degree-seeking students furnish proof of immunization against Measles, Mumps, and Rubella (MMR) and Tdap (Tetanus, Diphtheria, and Pertussis) shot administered within 10 years. YCCC can accept printed records in place of this form. *Students born before January 1st 1957 are exempt from proof of Measles, Mumps, and Rubella.

Students who cannot be vaccinated for documented medical reasons may request an exemption from the vaccination protocol. MCCS will not consider exemptions based on religious or philosophical beliefs, in line with Maine's post-secondary vaccination law that took place on September 1, 2021.

Section 1: To Be Completed by Student		
Last Name:	First Name	Middle Initial:
Former Name: (If applicable)Year of Birth:		
Cell Phone:	Email:	
Section 2: To Be Completed by a Health Care Provider/Office		
<u>Measles (Rubeola)</u> : Two doses of Measles vaccine administered after the student was one-year-old. Any student who was immunized prior to January 1st 1968 with inactivated Measles vaccine (pfizervas Measles K) must be re-immunized. Date 1: Date 2:		
Mumps: Two doses of Mumps vaccine administered after the student was one-year-old. Date 1: Date 2:		
Rubella (German Measles): Two doses of Rubella vaccine administered after the student was one-year-old. Date 1: Date 2:		
*If Titer tests were used to prove sufficient immunity in place of any of the above vaccines, please provide the date in which the patient was determined immune.		
Positive Titer for Measles: Positi	ve Titer for Mumps:	Positive Titer for Rubella:
Tdap (Tetanus, Diphtheria, & Pertussis) : One dose of vaccine administered <u>within the last ten years.</u> Date		
Signature of Health Care Provider:		Date:
(Signature indicates that all information on this form is presented accurately)		