



YORK COUNTY COMMUNITY COLLEGE

Immunization Form

Please return this form to YCCC Records & Registration
 Email: enrollmentservices@yccc.edu
 Fax: (207) 641-0837
 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 Diphtheria/Tetanus. Students shall have a Health Care Provider complete and sign this form. Students may present a copy of an immunization certificate in its place. The certificate must contain the dates immunizations were given as well as the signature of the Health Care Provider. ***Students born before January 1st 1957 are exempt from proof of Measles, Mumps, and Rubella.**

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

Measles (Rubeola): 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: _____ Positive Titer for Mumps: _____ Positive Titer for Rubella: _____

_____ **DT, DTP, Td, Tdap, Diphtheria/Tetanus:** One dose of vaccine administered within the last ten years.
 Date

Signature of Health Care Provider: _____ **Date:** _____
 (Signature indicates that all information on this form is presented accurately)