



York County Community College Immunization Form

In order for you to attend courses at York County Community College, you must complete this form and return it to the Enrollment Services Office prior to the start of the second semester. Failure to complete and submit this form will result in the placement of a hold on your account which will prevent you from registering for classes. Completed forms can be hand delivered, faxed to (207) 641-0837 or mailed to Enrollment Services at 112 College Drive, Wells, ME 04090. If you have any questions regarding this form, please contact Enrollment Services at (207) 216-4402 or (207) 216-4492.

Section 1: To Be Completed by Student

Degree Program: _____ Date of Birth: _____

Last Name: _____ First Name _____ Middle Initial: _____

Former Name: (If applicable) _____ Social Security #: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Name: _____ Emergency Contact Number: _____

Physician Name: _____ Physician Number: _____

Maine State Law requires that all degree-seeking students furnish proof of immunization against Measles, Mumps, Rubella (MMR) and Diphtheria/Tetanus. Students shall have a Physician, Nurse or other 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.**

Student Signature: _____ Date: _____

Section 2: To Be Completed by a Health Care Provider

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 (pfizer/vars 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)