



YORK COUNTY COMMUNITY COLLEGE

Immunization Form

Please return this form to the Office of Admissions

Email: vaccines@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) as well as a Tdap (Tetanus, Diphtheria, and Pertussis) shot administered within the past 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.

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 (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: _____

_____ **Tdap (Tetanus, Diphtheria, & Pertussis):** 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)