



YORK COUNTY COMMUNITY COLLEGE

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 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 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.

The Maine Community College System (MCCS) requires students enrolled in on-campus courses to submit verification of the COVID-19 vaccination. Students will be required to provide proof of receipt of at least one dose of the vaccine prior to attending their first in-person class and provide proof of any required second dose by the start of the following semester. **Students can email a copy or screen shot of their COVID-19 vaccination record to vaccines@yccc.edu**

Students who cannot be vaccinated for documented medical reasons may request an exemption from the vaccination protocol. Any student granted an exemption will be required to take weekly COVID tests and provide the test results to a designated college official. MCCS will not consider exemptions based on religious or philosophical beliefs, in line with Maine's post-secondary vaccination law that took effect 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

Measles (Rubeola): Two doses of Measles vaccine administered after student was one year old Any student 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 immunity, please provide the date in which 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)