

UNIVERSITY OF DAYTON  
MEASLES, MUMPS, AND RUBELLA IMMUNITY RECORD  
INSTRUCTIONS

Completion of this form is a requirement at the University of Dayton. This requirement applies to all full-time and part-time undergraduate and graduate students, including law students.

A photocopy of an immunization record from a doctor's office or public health clinic is acceptable. Send the photocopy along with the card. Do not send original documents as they will not be returned.

MEASLES VACCINE ADMINISTERED WITH GAMMA GLOBULIN, OR BEFORE 1968, IS NOT ACCEPTABLE. A HISTORY OF HAVING HAD MEASLES OR RUBELLA IS NOT PROOF OF IMMUNITY UNLESS SUPPORTED BY LABORATORY EVIDENCE OF A PROTECTIVE ANTIBODY LEVEL.

Return completed form to: GOSIGER HEALTH CENTER - Denise Ross  
300 College Park  
Dayton OH 45460-0900

NAME \_\_\_\_\_ S.S.# \_\_\_\_\_

LAST

FIRST

MIDDLE

HOME ADDRESS \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HEPATITIS B #1 \_\_\_\_\_

#2 \_\_\_\_\_

#3 \_\_\_\_\_

COMBINED MEASLES, MUMPS, RUBELLA (MMR)  
TWO MMR'S are **REQUIRED** after 1<sup>st</sup> birthday  
\*\*\*No requirement if born prior to 1956

MMR #1 \_\_\_\_\_ Please give month, day and year.

MMR #2 \_\_\_\_\_

HEPATITIS A #1 \_\_\_\_\_

#2 \_\_\_\_\_

LAST TETANUS BOOSTER \_\_\_\_\_

MENINGOCOCCAL VACCINE (recommended) \_\_\_\_\_

VARICELLA VACCINE \_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_