

THE UNIVERSITY OF MISSISSIPPI

Certificate of Compliance To be completed by Physician or Health Care Provider

ALL STUDENTS BORN AFTER JANUARY 1, 1957, MUST SHOW PROOF OF TWO (2) RUBEOLA, TWO (2) RUBELLA AND (2) MUMPS shots after first birthday (Given usually in form of MMR). THIS MUST BE RECEIVED PRIOR TO REGISTRATION.

Name _____
Last
First
Middle
Social Security Number

Date of Birth _____

1 ST MMR VACCINATION	2 ND MMR VACCINATION
_____ Month Day Year	_____ Month Day Year

OR **RUBEOLA, RUBELLA, AND MUMPS MAY BE GIVEN INSTEAD OF MMR IMMUNIZATIONS.**

Vaccine	1 st Vaccination	2 nd Vaccination
Rubeola	_____ Month Day Year	_____ Month Day Year
Rubella	_____ Month Day Year	_____ Month Day Year
Mumps	_____ Month Day Year	_____ Month Day Year

OR Proof of immunity may be provided through serologic testing, or from record of having all of the diseases:

- Serologic confirmation of immunity to Rubeola. Copies of lab results must accompany form.
- Serologic confirmation of immunity to Rubella. Copies of lab results must accompany form.
- Serologic confirmation of Mumps. Copies of lab results must accompany form.
- Had Rubeola (red measles). Attach office records
- Had Rubella (German measles). Attach office records
- Had Mumps. Attach office records.
- Medically contraindicated because of pregnancy, allergy to vaccine, immune compromised, etc.
 List Reason(s). _____ If temporary, when can the vaccination be given. _____ .

OTHER RECOMMENDED BUT NOT REQUIRED IMMUNIZATIONS

DT/DTaP Last Date _____ Polio Last Date _____ Hepatitis B Series 1st Date _____
 Meningitis Date _____ Varicella Date _____ 2nd Date _____
 3rd Date _____

ALL DOCUMENTATION MUST BE SIGNED BY A PHYSICIAN OR AUTHORIZED HEALTH CARE PROVIDER AND ACCOMPANIED BY AN OFFICE STAMP WITH ADDRESS.

Signature of Health Care Provider: _____

Address _____ Telephone No. _____

**Return to: The University of Mississippi
 Student Health Service
 V. B. Harrison Health Center
 Rebel Drive
 P.O. Box 1848
 University, MS 38677
 Fax 662-915-5292 Phone 662-915-7274**

Place Stamp

