

THE UNIVERSITY OF MISSISSIPPI

Certificate of Compliance

To be completed by Physician or Health Care Provider

ALL STUDENTS BORN ON/AFTER JANUARY 1, 1957 MUST SHOW PROOF OF TWO (2) RUBEOLA, TWO (2) MUMPS AND (2) RUBELLA shots after the first birthday.

(Given usually in the form of MMR)

DOCUMENTATION MUST BE RECEIVED PRIOR TO REGISTRATION

Name _____ DOB _____

1 ST MMR VACCINATION
Month Day Year

2 ND MMR VACCINATION
Month Day Year

OR RUBEOLA, MUMPS, AND RUBELLA MAY BE GIVEN INSTEAD OF MMR IMMUNIZATION

<u>Vaccine</u>	<u>1ST Vaccination</u>	<u>2ND Vaccination</u>
Rubeola	Month Day Year	Month Day Year
Mumps	Month Day Year	Month Day Year
Rubella	Month Day Year	Month Day Year

OR Proof of immunity may be provided through blood testing OR from record of having the diseases:

- Serologic confirmation of immunity to Rubeola. Copies of lab results must accompany form.
- Serologic confirmation of immunity to Mumps. Copies of lab results must accompany form.
- Serologic confirmation of immunity to Rubella. Copies of lab results must accompany form.
- Had Rubeola (red measles). Attached office medical records
- Had Mumps. Attached office medical records
- Had Rubella (German measles). Attached office medical records
- Medically contraindicated because of pregnancy, allergy to vaccine immune compromised, etc. List reason(s):

OTHER RECOMMENDED BUT NOT REQUIRED IMMUNIZATIONS:

Td/Tdap Last Date _____ Varicella 1st date _____ Hepatitis B Series 1st date _____
 *Meningitis Date _____ 2nd date _____ 2nd date _____
 *After age 16 _____ 3rd date _____

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

Signature of Health Care Provider: _____ Date _____

Address _____ Phone # _____

Office Stamp Here



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