

Jackson State University

IMMUNIZATION FORM

All students, including transfer and graduate students, born after 1956 must show proof of immunity to measles, mumps and rubella, this must be received prior to registration.

Name _____ J# _____ Date of Birth ____/____/____
Last First Middle (JSU STUDENT ID)

Address _____
Street or P.O. Box City State Zip

Phone () _____ Email _____

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

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

VACCINE NAME	1st VACCINATION	2 ND VACCINATION
Rubeola (Red Measles)	____/____/____ <small>Month Day Year</small>	____/____/____ <small>Month Day Year</small>
Rubella (German Measles)	____/____/____ <small>Month Day Year</small>	____/____/____ <small>Month Day Year</small>
Mumps	____/____/____ <small>Month Day Year</small>	____/____/____ <small>Month Day Year</small>

OR proof of immunity may be provided through serologic testing, or physician documented history (month, day, year) of having had measles, mumps, and/or rubella

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

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

Clinic Name _____ Clinic Address _____ _____ Clinic Phone () _____ Provider's Signature _____	OR	<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> Provider Stamp </div>
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If you have questions, please call the Immunization Coordinator at 601-979-2260, or email healthservices@jsums.edu