

MMR Immunization



Measles, Mumps, Rubella (MMR) Immunization Information (Pick One):

I am providing a copy of my MMR immunization records in English

I do not have MMR immunization records

My physician, health care provider, or authorized immunization official completed the Immunization Certification on this form.

IMMUNIZATION CERTIFICATION

I certify that the student named above has met MMR requirement based on (check all that apply):

Receiving two doses of MMR (combined vaccine):

- 1st dose: _____ 2nd dose: _____
month/day/year month/day/year

Receiving two doses of the measles (rubella) vaccine and two doses of the mumps vaccine:

- Measles vaccine 1st dose: _____ and 2nd dose: _____
 Mumps vaccine 1st dose: _____ and 2nd dose: _____
month/day/year month/day/year

Immune titer (blood test) shows immunity to measles and mumps. ****Provide lab report in English.****

History of measles (rubella) disease: (month/year) _____

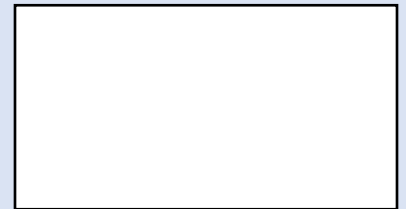
History of mumps disease: (month/year) _____

Physician's name (please print): _____

Physician's signature: _____

Phone Number: _____

Date: _____ Physician's or Clinic's Stamp:



**Please return the completed form to:
Northwest College, International Student & Scholar Services**

kara.ryf@nwc.edu or international@nwc.edu