

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 _____ Social Security Number _____

Date of Birth _____

1 ST MMR VACCINATION
Month Day Year

2 ND MMR VACCINATION
Month Day Year

OR RUBEOLA, RUBELLA, AND MUMPS 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
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 immunity to Mumps. Copies of lab results must accompany form.
- ☐ Had Rubeola (red measles). Attached office records
- ☐ Had Rubella (red measles). Attached office records
- ☐ Had Mumps. Attached office 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 _____ Polio Last Date _____ Hepatitis B Series 1ST date _____
*Meningitis Date _____ Varicella 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: _____

Address _____ Telephone No. _____ Office Stamp Here

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

