

Information is solely for the use of CMCC officials and becomes property of Central Maine Community College upon submission.

**Personal Information *(please print)***

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Major \_\_\_\_\_

Person to be notified in an emergency \_\_\_\_\_ Relationship \_\_\_\_\_

Address of this person \_\_\_\_\_ Phone number \_\_\_\_\_

Person to be notified in an emergency \_\_\_\_\_ Relationship \_\_\_\_\_

Address of this person \_\_\_\_\_ Phone number \_\_\_\_\_

**Medical History**

Current health status: Good Fair Poor Your Height: \_\_\_\_\_ Weight: \_\_\_\_\_

List, by dates, any hospitalizations or surgeries: \_\_\_\_\_

\_\_\_\_\_

List by dates, any serious illness, injury, or accidents: \_\_\_\_\_

\_\_\_\_\_

List any allergies you have: None \_\_\_\_\_

List any medications you are on: None \_\_\_\_\_

List any restrictions for physical activity you have: None \_\_\_\_\_

Other medical information not covered above: \_\_\_\_\_

**I give permission for Health Care & Emergency treatment.**

Signature of student \_\_\_\_\_

Signature of Parent or Guardian if student is a minor \_\_\_\_\_

**CMCC Immunization Requirements: Proof of immunization is a state law for matriculated students. This form must be completed by the physician, nurse or health officials who administered the vaccine. Adequately prepared health records (showing month/year) will be considered acceptable for the purpose of meeting this requirement. *Students will not be allowed to register for classes their second semester without proof of immunizations.***

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**Student's Name** **D.O.B.** **Social Security No.**

ALL STUDENTS ENROLLED *MUST* HAVE:

- 1) Diphtheria-Tetanus Booster within the last 10 years \_\_\_\_\_  
Date
- 2) If born after 1955, two doses of MMR (Rubeola, Rubella, and Mumps); first dose after first birthday.  
 First Dose: \_\_\_\_\_ Second Dose: \_\_\_\_\_  
Date Date

**OR:**

- 1) Rubeloa Titer \_\_\_\_\_  
Date Results
- 2) Rubella Titer \_\_\_\_\_  
Date Results
- 3) Mumps Titer \_\_\_\_\_  
Date Results

Students may be exempt from immunization requirements for the following reasons:

- 1) A health care professional's written statement that vaccination is medically inadvisable at this time.
- 2) A written statement in opposition to immunization because of a sincerely held religious belief.

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Signature of Physician/Health Care Professional Date

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Name (Please Print or Type) Telephone

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Address (Please Print or Type)

Please return by mail or fax to:

Central Maine Community College, 1250 Turner St., Auburn, ME 04210 PH 755-5273 FAX 755-5493

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