

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

CMCC Immunization Requirements: Proof of immunization is a state law for matriculated students. This form must be completed by the health care provider who administered vaccines to the student. *The student will not be allowed to register for their second semester of classes without this completed form being submitted to the CMCC Admissions Office.*

Student's Information (please print)

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Major: _____

Immunization Information (to be completed by the student's health care provider)

1. **Diphtheria-Tetanus:** Please provide the date (within the last ten years) that the student listed above received a Diphtheria-Tetanus Booster: _____
2. **MMR:** If the student listed above was born after 1956, please provide the dates when the student received two doses of MMR (Mumps, Measles and Rubella) vaccinations, with one dose occurring after the student's first birthday, or provide the dates and results of the student's Titer information:

First Dose: _____ Second Dose: _____

or

Mumps Titer: _____ Results: _____

Measles Titer: _____ Results: _____

Rubella Titer: _____ 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 from the student in opposition to immunization due to a sincerely held religious belief.

Signature of Physician / Health Care Professional_____
Date_____
Name of Physician / Health Care Professional_____
Telephone Number_____
Name and Address of Health Care Facility

Please return by mail or fax to: Central Maine Community College
1250 Turner Street, Auburn, ME 04210
Tel: (207) 755-5273 Fax: (207) 755-5493