

Please return to:

Immunization Record Form

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

CMCC Immunization Requirements: Proof of Tdap and MMR immunizations is a state law for degree-seeking 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 on-campus classes without this completed form being submitted to the CMCC Admissions Office.

Studen	t's Information <i>(please print)</i>	
Last Nam	ne:	First Name:
Address:	City:	State:Zip Code:
Date of B	irth:	Student ID:
Immuni	zation Information (to be comple	eted by the student's health care provider)
	i phtheria-Tetanus: Please provide the d ceived a Diphtheria-Tetanus Booster:	ate (within the last <u>ten</u> years) that the student listed above
re	ceived two doses of MMR (Mumps, Mea	rn after 1956, please provide the dates when the student asles and Rubella) vaccinations, with one dose occurring the dates and results of the student's Titer information:
	First Dose:	Second Dose:
	or	
	Mumps Titer:	Results:
	Measles Titer:	Results:
	Rubella Titer:	Results:
is medically		nts with a health care professional's written statement that vaccinations based on religious or philosophical beliefs. Date
Name of	Physician / Health Care Professional	Telephone Number
Name an	d Address of Health Care Facility	

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