

PROOF OF IMMUNITY

STUDENT IMMUNITY REQUIREMENT EXEMPTION

Students whose religious beliefs oppose receiving immunizations or students having a medical contraindication such as those listed below will be considered for exemption. Please contact the Immunization Program Office.

1. If you are sick right now with something more serious than a cold.
2. If you have cancer, leukemia, or lymphoma.
3. If you have a disease that lowers the body's resistance to infection.
4. If you take a drug that lowers the body's resistance to infection (such as cortisone, prednisone, or certain anticancer drugs.)
5. If you have received gamma globulin (immune globulin) or a blood transfusion within the preceding three months.
6. If you have had an allergic reaction to an antibiotic called neomycin, to gelatin, or to a previous dose of MMR serious enough that it required medical treatment.
7. If you are pregnant or plan to become pregnant within one month.

All Students must check a box and complete ONE of the sections below.

- For this box: Please record vaccination dates. The first one must be after your first birthday (MMR combined vaccination = 1 measles, 1 mumps, and 1 rubella.)

PLEASE ENTER AS MM/DD/YYYY

_____ Check box if MMR
Date of 1st Measles Vaccination

Date of 1st Mumps Vaccination

Date of 1st Rubella Vaccination

_____ Check box if MMR
Date of 2nd Measles Vaccination

Date of 2nd Mumps Vaccination

- For this box: Please provide documentation of having had Measles and Mumps diseases, and also documented blood test results proving immunity to OR Rubella vaccine.

- For this box: Please provide documented blood test results proving immunity to Measles, Mumps, and Rubella diseases.

STUDENT IMMUNIZATION OFFICE (Located in the Student Health Center Office)

ADDRESS:
Madsen Health Center
555 Foothill Drive, Level One
Salt Lake City, UT 84112

PHONE:
(801)585-6009

FAX:
(801)585-5294

I certify that the information provided on this form is accurate. I understand that if I provide false or misleading information I am in violation of University regulations and may be subject to discipline by the Student Conduct Committee and possible dismissal from the University of Utah.

Signature: _____

Print Family (Last) Name: _____

Print First Name: _____

Print Middle Initial: _____

Birth Date: _____ (mm/dd/yyyy)

Student ID #: _____