

Precollege Immersion Program
Medical Information

Return by May 15, 2024

All information is required, and entries must be written in English. Please print

Last Name _____ First Name _____ MI _____

Preferred

VACCINATION DATES: Two Measles vaccinations, one Mumps vaccination, and one Rubella vaccination must have been given **after the first birthday**. Please have your health care provider indicate the dates appropriately and certify the form below:

MMR Dose #1: ___ / ___ / ___ Measles Dose #1: ___ / ___ / ___ Rubella Dose #1: ___ / ___ / ___

MMR Dose #2: ___ / ___ / ___ Measles Dose #2: ___ / ___ / ___ Rubella Dose #2: ___ / ___ / ___

MEDICAL HISTORY: If you have history of contracting either Measles or Mumps disease, please have your health care provider indicate the date(s) appropriately and certify the form below:

Rubella Disease: ___ / ___ / ___ Measles Disease: ___ / ___ / ___ Mumps Disease: ___ / ___ / ___

EXEMPTION FROM MEASLES, MUMPS, and RUBELLA VACCINATION (student must legibly check the applicable box):

- 1) Birth Exception (born prior to January 1, 1957):
- 2) Medical Exception (circle either **Temporary** or **Permanent**, submit medical documentation):
- 3) Religious Exception (student with deeply held aversions to receiving vaccinations for religious reasons must submit a formal, signed and dated original statement, indicating such):

