



Information About Immunizations

According to Maine State Law, every post-secondary student born after 1956 **MUST** be immunized against the disease of **MEASLES, MUMPS, RUBELLA, TETANUS, AND DIPHTHERIA**. Students will not be permitted to attend classes unless the following proof is provided. Please help us to ensure that the above-named student is in compliance with the law by providing the information requested on the front side of this form.

The following information outlines the minimum requirements for immunizing agents administered to students entering post-secondary schools in Maine. Please read the requirements and indicate the student's status in the appropriate space provided.

- A. **TETANUS/DIPHTHERIA**: Three doses (0.5cc) of DPT or DT (pediatric) or TD (adult vaccine). In addition, a booster dose of ***TD must be administered every 10 years*** following the completion of a basic series. Where a basic series was not completed, an appropriate number of doses to complete the series must be administered. Where a booster dose is either due or overdue, a single booster dose must be administered. Where a student is immune from the diseases of tetanus and diphtheria, the date (month and year) of the lab test to verify this immunity must be provided. Where all the vaccines listed are medically unsafe for the student, the physician, nurse, or health official must so indicate in the space provided.
- B. **MEASLES/MUMPS/RUBELLA**: One dose of measles vaccine, one dose of rubella vaccine, and one dose of mumps vaccine administered after the student's first birthday. Any student who was immunized prior to January 1, 1968, with Pfizervax Measles K (inactivated measles vaccine) must be reimmunized.

NOTE: Vaccines may be given in several different combined preparations which, if given after the student's first birthday, are all acceptable – MR vax (measles & rubella); MMR vax (measles, mumps & rubella); or Biovax (rubella & mumps). Where the student is immune from the diseases of measles, mumps, and rubella, the date (month and year) of the lab test verifying immunity must be provided. Where all the vaccines listed are medically unsafe for the student, the physician, nurse, or public health official must so indicate in the space provided.

Per Maine State Law (20A M.R.S.A 6358, Chapter 262):

All public and private post-secondary schools in the State of Maine must require for all students provide proof of immunization or documented immunity against:

- Diphtheria
- Tetanus
- Measles
- Mumps
- Rubella

As of September 1, 2021, students are no longer able

to claim religious or philosophical exemptions.

Medical exemptions (with supporting medical documentation) are still allowed.

Per the Maine Department of Health and Human Services: "A student who is enrolled in a distance education program offered by a school and who does not physically attend any classes or programs at a school facility, including a campus, center or site of that school or any other school, is exempt from this requirement."

Records requested by student were sent

on _____ by _____ to _____



Immunization Form

This form needs to be completed by all students

This form must be completed if you are:

- *Born after 1956, and*
 1. *Matriculated in a degree program, or*
 2. *Taking 12 or more credits*

 Name (print clearly) SS#/SIN Date of Birth

 Street

 City State Zip

This form must be forwarded to your physician or school nurse for proper dates and a necessary signature.

We will also accept as proof of immunization:

1. *Photocopy of school health record*
2. *Photocopy of physician immunization record*
3. *U.S Military immunization record*

Dear Doctor/School Nurse:

Your patient will be attending the University of Maine at Fort Kent. Please assist us in this effort by documenting the immunization status of this student. This is a requirement of enrollment.

Vaccination	Date Received
1. Tetanus-Diphtheria - received tetanus-diphtheria vaccine within the last 10 years:	
2. MMR (Measles, Mumps, Rubella) - given after your first birthday	
MMR #1 Received:	
MMR #2 Received:	
3. Measles (Rubeola) - if given instead of MMR: <ul style="list-style-type: none"> • <i>Immunized with live measles vaccine after 12 months of age.</i> • <i>Has report of immune titer. Specify date of titer results.*</i> 	
4. Rubella (German Measles) - if given instead of MMR: <ul style="list-style-type: none"> • <i>Immunized with live rubella vaccine after 12 months of age.</i> • <i>Has report of immune titer. Specify date of titer results.*</i> 	
5. Mumps - if given instead of MMR: <ul style="list-style-type: none"> • <i>Immunized with live vaccine after 12 months of age.</i> • <i>Has report of immune titer. Specify date of titer results.*</i> 	

** Note: a copy of the lab results for titer tests must be included.*

 Name of Physician or Nurse

 Signature of Physician or Nurse

 Clinic Name

 Address

 Phone Number

 Date Signed

Submit this completed form to the Student Affairs Office • Email: umfk.studentaffairs@maine.edu • Fax: 207-834-7804