Immunization Form
for Arts and Science
University of New England and State of Maine Requirements

Name: ____________________________________________ Date of Birth ____________
Home Address: ____________________________ City: ______________ State: _______ Zip: _______
Cell: _____________________________________ Home: ___________________________________

COLLEGE of: Arts and Sciences

MMR Series: (Two shot series)
Dates Administered: #1 __________ #2 __________
MMR Titer Required ONLY if unable to provide documentation of 2 immunizations.
MMR Antibody Titer: Date:_________ Result: Laboratory report MUST be attached
*If titer proves NEGATIVE or EQUIVOCAL, then two administrations of the vaccine are required.
*See Immunization Compliance Protocol for guidance. www.une.edu/studentlife/shc

Tdap Vaccine: Date Administered: __________

Meningococcal Vaccine: (Residential Students Only) Date Administered: __________

The information provided is for the University of New England Health Center use and/or for proof of compliance for educational affiliates. This examination/immunization record is correct according to available records.

Please mail or fax forms to Student Health Services at the appropriate campus

11 Hills Beach Rd
Biddeford, ME 04005
Tel: (207) 602-2358
Fax: (207) 602-5904

716 Stevens Ave.
Portland, ME 04103
Tel: (207) 221-4242
Fax: (207) 523-1913

IMMUNIZATIONS DUE:
Spring Semester due: January 1st
Fall Semester due: July 1st
Winter Semester due: Oct 1st

Summer Semester due: April 1st
COM Semester due: June 1st

Health Care Provider Signature/Stamp (REQUIRED):

______________________________________  ________________________
Signature of Health Care Provider        Date

______________________________________  ________________________
Printed/Typed Name of Health Care Provider Telephone Number

Revised: 7/8/15