



**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