



College of Arts and Sciences

Immunization Form

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

COVID-19 Vaccine: Dates Administered: #1 _____ #2 _____

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.

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.

Upload completed form to our Patient Portal
<https://une.medicatconnect.com/>
or mail/fax form to the **Student Health Center** 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

Health Care Provider Signature/Stamp (REQUIRED):

Summer Semester due: April 1st

Winter Semester due: Oct 1st

Signature of Health Care Provider

Date

Printed/Typed Name of Health Care Provider

Telephone Number