



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

**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: \_\_\_\_\_  
**COVID-19 Vaccine:** Vaccine type \_\_\_\_\_ Dates Administered: #1 \_\_\_\_\_ #2 \_\_\_\_\_  
 Booster date \_\_\_\_\_  
**Meningococcal Vaccine: (Residential Students Only)** Date Administered: \_\_\_\_\_

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
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**IMMUNIZATIONS DUE:**

Spring Semester due: January 1<sup>st</sup>  
Fall Semester due: July 1<sup>st</sup>

Summer Semester due: April 1<sup>st</sup>  
Winter Semester due: Oct 1<sup>st</sup>

**Health Care Provider Signature/Stamp (REQUIRED):**

\_\_\_\_\_  
Signature of Health Care Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed/Typed Name of Health Care Provider

\_\_\_\_\_  
Telephone Number