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: __________

**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/](https://une.medicatconnect.com/)
or mail/fax form to the **Student Health Center** at the appropriate campus

11 Hills Beach Rd 716 Stevens Ave.
Biddeford, ME 04005 Portland, ME 04103
Tel: (207) 602-2358 Tel: (207) 221-4242
Fax: (207) 602-5904 Fax: (207) 523-1913

**IMMUNIZATIONS DUE:**

Spring Semester due: January 1st  
Fall Semester due: July 1st  
Summer Semester due: April 1st  
Winter Semester due: Oct 1st

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

________________________________________________________________________  _____________
Signature of Health Care Provider                                      Date

________________________________________________________________________  __________________
Printed/Typed Name of Health Care Provider       Telephone Number

Revised: 03/17, 3/19