



Certificate of Measles/Rubella Immunity

Legal Name _____ Social Security Number _____
Last First M.I.

Address _____
Street City State ZIP

Phone (____) _____ Date of Birth _____

Semester Entering Fall _____ Spring _____ Summer _____
Year Year Year

Mississippi State University requires that this record be completed before registration and reflect documented proof of two MMRs (give after 1968 and after 12 months of age) or documented proof of immunity to measles.

All students, including transfer and graduate students, born on or after January 1, 1957, are required to provide proof of immunity to Rubeola (red measles) and Rubella (German measles). Immunity may be demonstrated by one of the following:

- Documentation (month, day, year) of two doses of MMR OR two measles and two Rubella vaccinations
- Documented history (month, day, year) of positive measles (Rubeola) and Rubella serologic titer (copies of lab results must accompany this form).
- Physician-documented history (day, month, year) of having had measles (Rubeola) and Rubella (attach office records).

YOU CANNOT COMPLETE REGISTRATION UNTIL THIS REQUIREMENT HAS BEEN MET. INCOMPLETE FORMS WILL BE RETURNED.

If born before 1957, please complete the following:

I certify that I was born before January 1, 1957, and am therefore exempt from this immunization requirement.

_____ Date _____

(If this section is complete, no further information is needed.)

ALL DOCUMENTATION IS TO BE SIGNED BY A HEALTH CARE PROVIDER AND ACCOMPANIED BY AN OFFICE STAMP.

Vaccine	1st vaccination	2nd vaccination
MMR*/** (Measles, mumps, Rubella)	____/____/____ Month Day Year	____/____/____ Month Day Year
MMR (MEASLES-MUMPS-RUBELLA) MAY BE GIVEN INSTEAD OF INDIVIDUAL IMMUNIZATION		
Rubeola */** (Red measles)	____/____/____ Month Day Year	____/____/____ Month Day Year
Rubella */** (German measles)	____/____/____ Month Day Year	____/____/____ Month Day Year

*Not required for females who may be pregnant.

**Re-immunization is necessary when:

- Rubeola vaccine was administered before 12 months of age and/or before January 1, 1968.
- Rubella vaccine was administered before 12 months of age and/or before January 1, 1969.
- MMR vaccine was administered before 12 months of age.

In lieu of vaccinations, please provide proof of immunity by checking the appropriate box(es): Month/Year

- | | |
|------------------------------------------------------------------------------------------------------------------|-------------------------|
| <input type="checkbox"/> Serologic confirmation of immunity to Rubeola. Copy of lab results must accompany form. | Month/Year
____/____ |
| <input type="checkbox"/> Serologic confirmation of immunity to Rubella. Copy of lab results must accompany form. | ____/____ |
| <input type="checkbox"/> Had Rubeola. Confirmed by office records. Attach office records. | ____/____ |
| <input type="checkbox"/> Had Rubella. Confirmed by office records. Attach office records. | ____/____ |
| <input type="checkbox"/> Medically contraindicated because of pregnancy, allergy to vaccine, etc. | ____/____ |

List reasons, EDC, etc.: _____

Name of Clinic _____

Address _____
Street City State ZIP Phone

Physician/Health Provider Signature _____ Date _____

(Add initials of issuing individual)

STUDENT INFORMATION SHEET

Immunization Admission Requirement

Measles and Rubella in the adult are highly contagious, serious illnesses that can result in pneumonia, encephalitis, birth defects and even death. Most recent outbreaks of measles have occurred on college campuses. This is a concern to state health officials and Mississippi State University.

In cooperation with the state Department of Health and for the protection of our students, Mississippi State University requires all students, including transfers, born after 1956, to provide proof of immunity to measles (Rubeola) and Rubella.

Proof of immunity may be documented in the following manner:

- Documentation (month, date, and year) of two doses of MMR (measles, mumps, Rubella); or
- Documented history (month, date, and year) of positive measles (Rubeola) and Rubella serologic titer; or
- Physician documented history (month, date, year) of having had measles and Rubella.

The most common errors in completing this form are:

- Failure to provide full and legal name, Social Security number, and date of birth;
- Failure to provide dates of two doses of MRR; and
- Failure to provide physician's signature, with legible clinic or health department stamp containing the address of the provider.

Temporary exemptions are available for:

- Pregnant women (physician must provide expected date of confinement);
- Women suspecting pregnancy; and

Permanent exemptions are given to students for the following reasons:

- Disease that will cause a permanent contraindication to immunization;
- Documented proof of a significant life-threatening allergic reaction to this vaccine; or
- Persons born before 1957.

Please use the compliance form on the reverse side of this page. This form should be returned to the Meridian Campus Office of Student Services at least two weeks before registration/orientation; otherwise, you must hand-carry it through registration. While nurses are available at certain times during registration to provide immunization, both personnel and vaccine are limited. You cannot complete registration until this requirement has been met.

If you have any questions, please call the Meridian Campus Office of Student Services at 601-484-0230.



Mississippi State University-Meridian Campus
Office of Student Services
1000 Highway 19 North
Meridian, Mississippi 39307-5799
Phone: 601-484-0230
Fax: 601-484-0339