

# MMR Immunization Form

*International Student Application*



**INTERCULTURAL  
PROGRAMS**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
month/day/year

## Measles, Mumps, Rubella (MMR) Immunization Information (Pick One):

- I am providing a copy of my MMR immunization records in English
- I do not have MMR immunization records
- My physician, health care provider, or authorized immunization official completed the Immunization Certification on this form.

### IMMUNIZATION CERTIFICATION

I certify that the student named above has met MMR requirement based on (check all that apply):

- Receiving two doses of MMR (combined vaccine):
  - o 1<sup>st</sup> dose: \_\_\_\_\_ 2<sup>nd</sup> dose: \_\_\_\_\_  
month/day/year month/day/year
- Receiving two doses of the measles (rubella) vaccine and two doses of the mumps vaccine:
  - o Measles vaccine 1<sup>st</sup> dose: \_\_\_\_\_ and 2<sup>nd</sup> dose: \_\_\_\_\_
  - o Mumps vaccine 1<sup>st</sup> dose: \_\_\_\_\_ and 2<sup>nd</sup> dose: \_\_\_\_\_  
month/day/year month/day/year
- Immune titer (blood test) shows immunity to measles and mumps. **\*\*Provide lab report in English.\*\***
- History of measles (rubella) disease: (month/year) \_\_\_\_\_
- History of mumps disease: (month/year) \_\_\_\_\_

Physician's name (please print): \_\_\_\_\_

Physician's signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_ Physician's or Clinic's Stamp:



**Please return the completed form to:  
Northwest College, Office of Intercultural Programs**

[kara.ryf@nwc.edu](mailto:kara.ryf@nwc.edu) or [international@nwc.edu](mailto:international@nwc.edu)