

STUDENT IMMUNIZATION RECORD

Maine state law requires that all incoming students meet certain criteria with regards to immunizations. **Please complete the following form and fax it back to us at 207.236.2558 or bring it with you to registration.**

Student name: _____

Date of birth: _____

Date you FIRST enrolled in a program of higher education:

Indicate the date of your last inoculation for:

Measles: _____
Mumps: _____
Rubella: _____
Tetanus/Diphtheria: _____

I attest the above information to be true, to the best of my knowledge.

Signature

Date