

ESF Student Health Services MMR and Immunization History Form

Follow these steps to successfully submit your MMR and Immunization History Form:

1. Read this form carefully and thoroughly.
2. **All students (except online-only students) must submit their MMR and immunization history through the ESF Student Portal by either uploading a copy of the actual immunization record or by having a health care provider complete this form.**
3. You must submit this form and your immunization records via the ESF Student Portal. **Do not mail, email, or fax records to the ESF Student Health Service or to the College.**
4. *If you are requesting either a **medical** or **religious** exemption and have **not** received immunizations, or if you are an **online-only** student, refer to the MMR Exemption Form (page 2) for further instructions.*

Note: A physical is **NOT** required for most students unless you are a student-athlete and received separate paperwork.

Student Name: _____ Date of Birth: _____

Student Email: _____ Student Phone Number: _____

Check any student status that applies to you:

- First-year
 Transfer
 Graduate
 International
(Tuberculin testing will be conducted during new student orientation)
- Visiting
 Online-only
(6+ hours on campus) (Complete page 2 only)

Mandatory Immunizations: See www.esf.edu/health for more information about immunization requirements.

Immunization dates only need to be filled out and signed by your health care provider if you do not actually have a record of your immunizations. If you submit a record, no signature is required.

Measles, Mumps, Rubella (MMR): (Persons born before January 1, 1957 are exempt from the MMR requirement.)

Dates of Immunization if given in the usual two-part series: _____/_____

OR Dates of Immunization if given as three separate immunizations:

2 doses of measles: _____/_____ and 1 dose of mumps: _____ and
1 dose of rubella: _____

OR Date of Titer showing immunity: _____ (If you choose this option, we **ALSO** need the actual lab documentation from your health care provider showing your immunity.)

*****Healthcare Provider Signature (MD,DO,NP,PA)**:** _____ **Date:** _____

Office Address & Telephone Number or Stamp: _____

Student Signature: _____ **Date:** _____

(or parent/guardian if under 18)

MMR EXEMPTION FORM

Check one box below, complete this form, and provide any additional requested information if you are requesting a **religious** or **medical** exemption, or if you are an **online-only** student and won't be physically present on campus. If you are requesting an exemption, you need to upload this completed form via the ESF Student Portal. We will notify you if we require additional information.

Religious Exemption

This may be completed by the student if over 18 years of age or by a parent/guardian if under 18. Provide a written statement that includes the following elements. Attach additional page(s) if needed.

- Explain why the religious exemption is being requested.
- Describe the religious principles that guide your objection to immunization. General philosophical or moral objections to immunizations will not suffice as the basis for a religious exemption.
- Indicate whether you are opposed to all immunizations, and if not, the religious basis that prohibits particular immunizations.

Student Signature (parent/guardian if under 18): _____ Date: _____

OR

Medical Exemption

Provide a written statement by a Physician, Nurse Practitioner, or Physician Assistant stating that a valid contraindication to vaccination exists. The statement must indicate which immunizations are contraindicated and why.

Student Signature: _____ Date: _____

Print Student Name: _____

Health Care Provider Signature (MD, DO, NP, PA): _____ Date: _____

Office Telephone Number and Address: _____

OR

Online-only Student Exemption

By signing below, you are agreeing that as an online-only student, you are enrolled in all online classes, you are not living in on-campus housing, and/or you are not attending more than 5 credit hours of in-person classes on campus in one semester. If, at any point, your status changes and you will be attending more than 5 credit hours of on-campus classes in one semester, living in on-campus housing, and/or using any on-campus facilities, you are required to submit the MMR and Immunization History Form and the Meningococcal Meningitis Response Form within 30 days.

Student Signature: _____ Date: _____