

**FLORIDA ATLANTIC UNIVERSITY
INTENSIVE ENGLISH INSTITUTE**

IMMUNIZATION FORM

All students born after 1956 must submit documented proof of immunity to measles and rubella.

PLEASE PRINT CLEARLY

Student: _____
(Family Name) (Given Name)

Date of Birth: _____
(Month) (Day) (Year)

**THESE BOXES ARE TO BE COMPLETED BY AUTHORIZED MEDICAL PERSONNEL.
REQUIRED VACCINES (complete sections A or B)**

A. MMR Combined (Measles, Mumps, and Rubella): Two doses fulfill requirements.

_____ 1st dose (received after 12 months of age or later).
(Month) (Day) (Year)

_____ 2nd dose (received at 30 days or more after 1st dose).
(Month) (Day) (Year)

Or

B. Measles (Rubeola): Two doses required.

_____ 1st dose (received after 12 months of age or later).
(Month) (Day) (Year)

_____ 2nd dose (received at 30 days or more after 1st dose).
(Month) (Day) (Year)

Or

_____ Positive Blood Titer (Lab results must be attached).
(Month) (Day) (Year)

Rubella (German Measles): One dose required

_____ 1st dose (received after 12 months of age or later).
(Month) (Day) (Year)

Or

_____ Positive Blood Titer (Lab results must be attached).
(Month) (Day) (Year)

Authorized Physician/ARNP/RN Signature

Date

Health Care Provider Stamp Required

Return completed form to:

Florida Atlantic University
Barbara Chapman
Intensive English Institute
777 Glades Road (CEH, Bldg. 31-D)
Boca Raton, FL 33431

Fax: 561 297-3987 Phone: 591 297-0179