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