

## Proof of Immunization

Complete and submit this form to the Multicultural and International Office (MIC) in the Sharwan Smith Student Center during international student check-in.

Family/Last Name	First Name
T-Number	SEVIS Number
Email Address	Date of Birth
Phone Number	

### Required Immunizations

MMR: Two doses of live MMR vaccine administered on or after the first birthday and at least 28 days apart. If disease history or titer, please indicate the date by the disease below. Disease history of Rubella is not sufficient to prove immunity. Use the MM/DD/YYYY format for dates.

Vaccine	Dose 1	Dose 2	Date of Disease	Date of Positive Titer
MMR (Measles, Mumps, Rubella)				

Official documentation supporting the information contained above is required to be submitted with this form.

### Recommended Vaccinations

. If disease history or titer, please indicate the date by the disease below. Disease history of Rubella is not sufficient to prove immunity. Use the MM/DD/YYYY format for dates.

Vaccine	Dose 1	Dose 2	Dose 3
Varicella (Chicken Pox)			
Measle-tetanus-Diphtheria-Pertussis (Tdap)			
Tetanus-diphtheria (Td)			
Hepatitis A			
Hepatitis B			
Combination Hepatitis A & B			

Official documentation supporting the information contained above is required to be submitted with this form.

**\*All documents must include a signature or stamp from your physician or clinic.**

*I certify that the above information is correct.*

Signature

Print Name

Date

Date Received: \_\_\_\_

Document Processing Time: \_\_\_\_\_

## Locations for Receiving MMR Immunization

South West Public Health  
260 DL Sargent  
Cedar City, UT 84721  
435.586.2437

**Appointments must be scheduled through their office. Cost is \$77.00 per dose (Two doses are required).**

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