

**STUDENT HEALTH CENTER
Vaccine Administration Record**

The doctor or clinic may keep this record in your medical file. They will record what vaccine was given, when the vaccine was given, the name of the company that made the vaccine, the vaccine's special lot number, the signature and title of the person who gave the vaccine, and the address where the vaccine was given.

- I have read or have had explained and given to me the vaccine information statement about measles, mumps, and rubella diseases, and MMR, measles, mumps, and rubella vaccines.
- I have had a chance to ask questions that were answered to my satisfaction.
- I believe I understand the benefits and risks of the MMR, measles, mumps, and rubella vaccines and ask that the vaccine listed below be given to me or the person named below for whom I am authorized to make this request.
- I understand that the cost of the MMR vaccine will be charged to my student account.

Vaccine to be given: MMR

Information about the person to receive vaccine:

Last Name (Please Print)	First Name	Middle Initial	Birthdate	Age
Street Address	City	State	Zip	

I have received the MMR vaccine information statement:

Signature _____ Date _____

For Clinic/Office Use Only

Clinic/Office Address: <i>Student Health Center, ASU Polytechnic campus, Mesa, AZ</i>
Date Vaccine Administered:
Vaccine Manufacturer: <i>Merck</i>
Vaccine Lot Number:
Site of Injection: <input type="checkbox"/> <i>Left Arm</i> <input type="checkbox"/> <i>Right Arm</i>
Title of Vaccine Administrator: <i>NURSE</i>

Signature of Vaccine Administrator: _____

ASU STUDENT ID#: