

# ARIZONA STATE UNIVERSITY IMMUNIZATION REQUIREMENT

**\*\*Note: Students will not be permitted to register for, add or drop courses without proper submission of their MMR immunization records to the ASU Health Services, Immunization Department.\*\***

Arizona State University policy – SSM 106-01 requires the following from all incoming and transfer students:

- Proof of **TWO MMR** - Measles (Rubeola 10 day Hard Measles), Mumps and Rubella (German measles) vaccinations. The first vaccination is given at or after 1 year of age and the second is commonly given at or after 4-6 years of age. If your records do not reflect this immunization schedule, the two MMR vaccinations must be at least 28 days apart from each administrated date.

**OR**

Proof of a **POSITIVE** titer test that shows immunity to **RUBEOLA** (Hard 10 day Measles).

- At least one MMR vaccination must have been given after **1979**.
- All documents must be in **English** (translated copies will be accepted).
- Students **born before** January 1, 1957 are not subject to this requirement.

ASU Health Services offers MMR vaccinations and **Rubeola** (Hard 10 day measles) titer blood test.

Tempe campus: 480-965-3349 | West campus: 602-543-8019 | Polytechnic campus: 480-727-1500 | Downtown campus: 602-496-0721

Submit documentation through **mail, email, fax or in person** to ASU Health Services. You may have your health care provider fill out and sign the form below with their official office stamp. Have your health care provider include a copy of the **Rubeola** (Hard 10 day Measles) titer test *if applicable*. You may also personally fill out this form if you include a copy of your MMR vaccination record or a copy of your **Rubeola** (Hard 10 day Measles) titer blood test. Please allow 2 business days for processing. You can check the status of your submitted documents by checking your MyASU. If the hold has been removed from your MyHolds, then the data has been successfully uploaded.

**\*\*Note: we do not keep copies of your immunization records.\*\***

**IMMUNIZATION DEPARTMENT**  
ASU Health Services  
Arizona State University  
P.O. Box 872104  
Tempe, AZ 85287-2104

**FAX: 480-965-8914**

**EMAIL: [measles@asu.edu](mailto:measles@asu.edu)**

**PHONE: 480-965-8177**

Date of MMR #1 \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of MMR #2 \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM) (DD) (YYYY) (MM) (DD) (YYYY)

**OR** Date of titer test \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM) (DD) (YYYY)

**HIGHLY RECOMMENDED IMMUNIZATIONS** Meningitis \_\_\_\_/\_\_\_\_/\_\_\_\_ Tetanus/TDAP \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM)(DD) (YYYY) (MM) (DD) (YYYY)

Health Care Provider Signature / Stamp \_\_\_\_\_

Date \_\_\_\_\_

Last Name

First Name, Middle Initial

Date of Birth (MM/DD/YYYY)

Phone Number

University ID# (10 digits)

Email Address