

ARIZONA STATE UNIVERSITY IMMUNIZATION REQUIREMENT

Use this form if your documents are not in English and need them to be translated by your healthcare provider. Submit this form with your provider's official stamp and supporting documentation.

Option 1: Provide proof of two MMR, Measles, Mumps and Rubella vaccinations. MMR # 1 given on or after your first birthday. MMR #2 must be 4 weeks from the first or later. At least one MMR vaccination must have been given after 1979.

Option 2: Provide a copy of Measles IgG or MMR IgG lab test showing positive immunity.

Submit documents:

Upload Documents to your 'MyHealthPortal'

<https://eoss.asu.edu/health/portal>

MAIL:

Immunizations Department
ASU Health Services
Arizona State University
P.O. Box 872104
Tempe, AZ 85287-2104

FAX:

480-965-8914

PHONE:

480-965-8177

LAST NAME _____ **FIRST NAME** _____ **M.I** _____

10 DIGIT ASU ID # _____ **DATE OF BIRTH** _____
(MM/DD/YY)

REQUIRED IMMUNIZATIONS:	Month:	Day:	Year:
Option 1: MMR #1: Measles, Mumps, Rubella. Given on or after 1st birthday			
MMR #2: Measles, Mumps, Rubella. Given 4 weeks from the first or later.			

OR

Option 2: <i>Provide a copy</i> of positive lab results to Measles IgG or MMR IgG			
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Doctor/Provider Office Signature and Stamp: _____

(Please review, sign and stamp to verify immunization dates and information are correct)

Date _____

Month / Day / Year