

**THE UNIVERSITY OF MISSISSIPPI**

**Certificate of Compliance**

To be completed by Physician or Health Care Provider

**ALL STUDENTS BORN ON/AFTER JANUARY 1, 1957 MUST SHOW PROOF OF TWO (2) RUBEOLA, TWO (2) MUMPS AND (2) RUBELLA shots after the first birthday.**

**(Given usually in the form of MMR)**

**DOCUMENTATION MUST BE RECEIVED PRIOR TO REGISTRATION**

Name \_\_\_\_\_ DOB \_\_\_\_\_

1 <sup>ST</sup> MMR VACCINATION
Month Day Year

2 <sup>ND</sup> MMR VACCINATION
Month Day Year

OR RUBEOLA, MUMPS, AND RUBELLA MAY BE GIVEN INSTEAD OF MMR IMMUNIZATION

<u>Vaccine</u>	<u>1<sup>ST</sup> Vaccination</u>	<u>2<sup>ND</sup> Vaccination</u>
Rubeola	Month Day Year	Month Day Year
Mumps	Month Day Year	Month Day Year
Rubella	Month Day Year	Month Day Year

**OR Proof of immunity may be provided through blood testing OR from record of having the diseases:**

- Serologic confirmation of immunity to Rubeola. Copies of lab results must accompany form.
- Serologic confirmation of immunity to Mumps. Copies of lab results must accompany form.
- Serologic confirmation of immunity to Rubella. Copies of lab results must accompany form.
- Had Rubeola (red measles). Attached office medical records
- Had Mumps. Attached office medical records
- Had Rubella (German measles). Attached office medical records
- Medically contraindicated because of pregnancy, allergy to vaccine immune compromised, etc. List reason(s):

**OTHER RECOMMENDED BUT NOT REQUIRED IMMUNIZATIONS:**

Td/Tdap Last Date \_\_\_\_\_ Varicella 1st date \_\_\_\_\_ Hepatitis B Series 1<sup>st</sup> date \_\_\_\_\_  
 \*Meningitis Date \_\_\_\_\_ 2nd date \_\_\_\_\_ 2<sup>nd</sup> date \_\_\_\_\_  
 \*After age 16 \_\_\_\_\_ 3<sup>rd</sup> date \_\_\_\_\_

**ALL DOCUMENTS MUST BE SIGNED BY A PHYSICIAN OR AUTHORIZED HEALTH CARE PROVIDER AND ACCOMPANIED BY AN OFFICE STAMP WITH ADDRESS**

Signature of Health Care Provider: \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Office Stamp Here



**Return to: The University of Mississippi / Student Health Service/ V.B. Harrison Health Center/  
400 Rebel Drive/ University, MS, 38677 Fax: 662-915-5292 Phone: 662-915-7274**