1. **MMR (Measles, Mumps, and Rubella)**

   **Two** doses required (OR positive titer results)
   - First dose must be given **on or after** your 1st birthday

   Dose 1: ___________________

   Dose 2: ___________________

   Measles titer date: _____________
   Titer result: ___ Positive ___ Negative

   Mumps titer date: _____________
   Titer result: ___ Positive ___ Negative

   Rubella titer date: _____________
   Titer result: ___ Positive ___ Negative

2. **Pertussis (Tdap)**

   *MUST BE TDAP or DTaP (Td, DT, and DTP will not meet our requirements)*
   - Dose must be given **on or after** your 7th birthday

   Date: ________________

3. **Varicella**

   **Two** doses required (OR positive titer results)
   - First dose must be given **on or after** your 1st birthday

   Dose 1: ___________________

   Dose 2: ___________________

   Varicella titer date: _____________
   Titer result: ___ Positive ___ Negative

4. **Meningococcal Conjugate** *(MCV4)*

   *Required for students aged 16-21*
   - Dose must be given **on or after** your 16th birthday

   Date: ________________

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**SIGNATURE:** Must be signed by a licensed healthcare provider (MD, DO, PA, NP, or RN)

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<tr>
<th>Signature of Licensed Healthcare Provider</th>
<th>Date</th>
<th>Office Stamp</th>
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<tr>
<th>Printed name of Healthcare Provider</th>
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