



UNIVERSITY of WASHINGTON
MMM IMMUNITY REQUIREMENT

COVID vaccination documents must be submitted at <https://uw.edu/studentcovidform>

This immunization form can be used in place of complete immunization records for the MMM (Measles, Mumps, and Meningococcal ACWY) requirement, but **a signed form is not required if you submit official records**. A medical professional **must** fill out the bottom portion of this form to verify your required immunizations, and initial/date any changes, if you are not submitting official records of all required vaccines.

For more information, including accepted vaccine brands, please refer to our website at immunity.washington.edu. To contact us, please email immunity@uw.edu or call (206) 616-4672. Faxes are accepted at (206) 543-4928.

Official Name (last, first): _____

Date of Birth (Month/Day/Year): _____

Student UW email address: _____@uw.edu **Student ID #:** _____

Required Immunizations	Immunization Dates		
MMR 2 DOSES REQUIRED OR INDIVIDUAL VACCINES AS LISTED BELOW	DATE #1 (GIVEN ON OR AFTER 12 MONTHS OF AGE)		DATE #2 (GIVEN 28 DAYS OR MORE AFTER DOSE 1)
-----OR-----			
Measles (Rubeola) 2 DOSES REQUIRED FOR ALL STUDENTS BORN AFTER 1956	DATE #1	DATE #2	OR LABORATORY EVIDENCE OF IMMUNITY SUBMIT REPORT (REVACCINATE FOR EQUIVOCAL TITER)
Mumps 2 DOSES REQUIRED FOR ALL STUDENTS REGARDLESS OF AGE	DATE #1	DATE #2	OR LABORATORY EVIDENCE OF IMMUNITY SUBMIT REPORT (REVACCINATE FOR EQUIVOCAL TITER)
<i>Note: Rubella is NOT required</i>			
AND if 16-21 years old			
Meningitis (ACWY) 1 DOSE CONJUGATE MENINGOCOCCAL ACWY REQUIRED AFTER AGE 15 FOR ALL STUDENTS UNDER AGE 22. VACCINES FROM CHINA NOT CURRENTLY ACCEPTED.	DATE #1 (AND BRAND, IF KNOWN)		DATE #2 (AND BRAND, IF KNOWN)—ONLY REQUIRED IF DOSE 1 WAS TAKEN UNDER AGE 15
<i>Note: Meningococcal B is recommended but DOES NOT fulfill this requirement.</i>			

Health Care Professional Verification of Accuracy – Students may not sign their own forms.	
Signature of Licensed Health Care Professional Authorized: CLT, DO, MD, NP, ND, PA, RN, RN-C, RPh	Date of signature

Please submit your MMM immunity documents at <https://forms.office.com/r/fxT3YNUHgQ>



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Professional Name (print) and License #	Address and Phone Number OR Office Stamp