



PHYSICIAN ASSISTANT PROGRAM - MMR FORM

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth (mm/dd/yyyy): _____

Preferred Telephone Number: _____ E-mail: _____

Instructions from CDC:

- Healthcare personnel without presumptive evidence of immunity should get two doses of MMR vaccine, separated by at least 28 days.

Documentation of Proof of Immunity

- If you have contracted rubeola, mumps, or rubella in the past, then you must have a titer outcome reported on this form and documentation of any needed boosters by providing dates of the vaccinations in the appropriate area in the table below.
- If you have not received the MMR vaccinations and have not contracted the diseases it protects against, then follow the CDC guidelines above and record appropriately below.

Risk	Standard	Evidence	
		Titer Results	Dates Vaccine Administered (only to be administered if titer shows not immune)
Measles (rubeola)	Titer Validating current immunity (≥ 10mIU/ml)	Immune: Y N	
		Date of Titer:	
Mumps	Titer Validating current immunity (≥ 10mIU/ml)	Immune: Y N	
		Date of Titer:	
Rubella	Titer Validating current immunity (≥ 10mIU/ml)	Immune: Y N	
		Date of Titer:	
MMR (combined Vaccine)			

*The RMUoHP PA program does not require actual lab results for any titer to be validated. However, applicants must have immunization status reviewed by a medical provider and this form filled out and signed by the reviewing MD, DO, PA, or NP.

Provider signature: _____ Date: _____
Licensed Medical Provider (MD, DO, PA, NP)

Name and credential of signing provider (please Print): _____