

**Precollege Immersion Program**  
**Medical Information**

Return by May 15, 2024

**4** ' **2** / **4**, **5** **3** ' **154** *All information is required, and entries must be written in English. Please print*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Preferred



**3 3**

**VACCINATION DATES:** Two Measles vaccinations, one Mumps vaccination, and one Rubella vaccination must have been given **after the first birthday**. Please have your health care provider indicate the dates appropriately and certify the form below:

MMR Dose #1: \_\_\_ / \_\_\_ / \_\_\_      Measles Dose #1: \_\_\_ / \_\_\_ / \_\_\_      Rubella Dose #1: \_\_\_ / \_\_\_ / \_\_\_

MMR Dose #2: \_\_\_ / \_\_\_ / \_\_\_      Measles Dose #2: \_\_\_ / \_\_\_ / \_\_\_      Rubella Dose #2: \_\_\_ / \_\_\_ / \_\_\_

**MEDICAL HISTORY:** If you have history of contracting either Measles or Mumps disease, please have your health care provider indicate the date(s) appropriately and certify the form below:

Rubella Disease: \_\_\_ / \_\_\_ / \_\_\_      Measles Disease: \_\_\_ / \_\_\_ / \_\_\_      Mumps Disease: \_\_\_ / \_\_\_ / \_\_\_

**EXEMPTION FROM MEASLES, MUMPS, and RUBELLA VACCINATION** (student must legibly check the applicable box):

- 1) Birth Exception (born prior to January 1, 1957):
- 2) Medical Exception (circle either **Temporary** or **Permanent**, submit medical documentation):
- 3) Religious Exception (student with deeply held aversions to receiving vaccinations for religious reasons must submit a formal, signed and dated original statement, indicating such):

**3**

