

Student MMR Immunization Verification Form THIS FORM IS REQUIRED FOR ATTENDANCE			Documents may be sent securely via fax or through our secure ETRIEVE site: https://etcentral.plu.edu/#/form/24	
PACIFIC LUTHERAN UNIVERSITY OFFERS MEDICAL SERVICES TO ALL STUDENTS, FULL OR PART TIME.				
Last Name		First Name		Middle Initial
Preferred Name				
Date of Birth (MM/DD/YYYY)	Gender Assigned at Birth <input type="checkbox"/> Female <input type="checkbox"/> Male	Gender Identity <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans <input type="checkbox"/> Nonbinary <input type="checkbox"/> Other:		Social Security Number
PLU Student ID	Telephone Number (Home)		Telephone Number (Mobile/Cell)	
INSURANCE INFORMATION				
Do you have medical and hospital coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No		PLEASE ATTACH A COPY (FRONT & BACK) OF YOUR INSURANCE CARD		

REQUIRED IMMUNIZATIONS FOR ALL STUDENTS:

**** You will not be permitted to register for classes without proof of 2 MMR's or MMR exemption form.**

Option 1: Submit a copy of your vaccine record from a resource like MyIR or your high school.

Option 2: Have your medical provider fill out one of the options below.

Option 1: Measles, Mumps, and Rubella (MMR)	Date of 1st Vaccine	Option 3: Individual Measles, Mumps, and Rubella (to the right)	Measles
	Date of 2nd Vaccine		<u>Date of 1st Vaccine:</u> <u>Date of 2nd Vaccine:</u>
Option 2: MMR TITER	Date of Positive Lab Results::		Mumps
			<u>Date</u>
			Rubella
			<u>Date</u>
Provider signature:		Phone:	Date: