|  | **WELLBEING SERVICES AND RESOURCES****12180 Park Avenue South****Tacoma, Washington 98447-0003** | **Phone: 253-535-7337****Fax: 253-536-5042** **Email: health@plu.edu**  |
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| **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**](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**  | **Gender Identity** ❑ Female ❑ Male  | **Social Security Number** |
|  | ❑ Female ❑ Male  | ❑ Trans ❑ Nonbinary ❑ Other: |  |
| **PLU Student ID** | **Telephone Number (Home)** | **Telephone Number (Mobile/Cell)** |
|  |  |  |
|  | **INSURANCE INFORMATION** |
| **Do you have medical and hospital coverage?**  | ❑ Yes ❑ No | **PLEASE ATTACH A COPY (FRONT & BACK) OF YOUR INSURANCE CARD** |

|  | **REQUIRED IMMUNIZATIONS FOR ALL STUDENTS:** |
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***\*\* You will not be permitted to register for classes without proof of 2 MMR’s or*** [***MMR exemption form.***](http://www.plu.edu.health/documents)

Option 1: Submit a copy of your vaccine record from a resource like [MyIR](https://wa.myir.net/login/) or your high school.

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

| **Option 1:** Measles, Mumps, andRubella (MMR) | Date of 1st Vaccine | **Option 3:** Individual Measles, Mumps, and Rubella (to the right) | **Measles**Date of 1st Vaccine:Date of 2nd Vaccine: |
| --- | --- | --- | --- |
| Date of 2nd Vaccine |
| **Option 2:** MMR TITER  | Date of Positive Lab Results:: | **Mumps**Date |
| **Rubella**Date |
| **Provider signature:** | **Phone:** | **Date:** |