|  | | | **WELLBEING SERVICES AND RESOURCES**  **12180 Park Avenue South**  **Tacoma, Washington 98447-0003** | | | | | | | | **Phone: 253-535-7337**  **Fax: 253-536-5042**  **Email: health@plu.edu** | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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:** |
| --- | --- |

***\*\* 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, and  Rubella (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:** |