



AUBURN UNIVERSITY

Harrison College of Pharmacy

Measles Mumps Rubella (MMR) Immunization

Student Information:

Last Name	First Name	Middle Initial	
Street Address	City	State	Zip
Email Address	Phone ()		
Date of Birth	Male ()	Female ()	

Combined Vaccines (two doses; at least one month apart)

MMR (Measles, Mumps, Rubella)	#1 ____/____/____ Month Day Year	#2 ____/____/____ Month Day Year
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OR Individually Administered Vaccines

Measles	#1 ____/____/____ Month Day Year	#2 ____/____/____ Month Day Year
Mumps	#1 ____/____/____ Month Day Year	
Rubella	#1 ____/____/____ Month Day Year	

OR Laboratory Evidence of Immunity (all 3 required) in lieu of vaccines

Measles	____/____/____ Month Day Year	Results: Immune or Non-Immune
Mumps	____/____/____ Month Day Year	Results: Immune or Non-Immune
Rubella	____/____/____ Month Day Year	Results: Immune or Non-Immune

MD/PA/NP Signature: _____ Date: _____

Print Name: _____ Phone: () ____ - _____

Address: _____