



Ave Maria University Immunization History Form

***Completed form must be submitted as an attachment to the Mandatory Immunization Form, found here:**
<https://www.avemaria.edu/required-health-forms/>*

I. TO BE COMPLETED BY STUDENT

Last Name First Name MI

Date of Birth E-Mail Phone Number

II. TO BE COMPLETED BY A HEALTHCARE PROVIDER

REQUIRED IMMUNIZATIONS FOR ALL STUDENTS			
MMR VACCINE Measles, Mumps, Rubella	Dose 1 (on or after 1st birthday)		Dose 2 (at least 28 days after dose 1)
	____/____/____ MM DD YY		____/____/____ MM DD YY
	If student has report of positive (reactive) immune titers, please check box below. COPY OF LAB REPORT MUST BE SUBMITTED WITH FORM.		
	<input type="checkbox"/> Has report of positive (reactive) immune titers for measles, mumps, & rubella.		
HEPATITIS B VACCINE	Dose 1	Dose 2	Dose 3
	____/____/____ MM DD YY	____/____/____ MM DD YY	____/____/____ MM DD YY
	If student has report of positive (reactive) immune titers, please check box below. COPY OF LAB REPORT MUST BE SUBMITTED WITH FORM.		
	<input type="checkbox"/> Has report of positive (reactive) immune titers for hepatitis B.		
MENINGOCOCCAL VACCINE	Vaccine Type	Dose 1	
	<input type="checkbox"/> Menactra <input type="checkbox"/> Menomune <input type="checkbox"/> Menveo <input type="checkbox"/> Other: _____	____/____/____ MM DD YY	

An official stamp from a doctor's office, clinic, or health department AND an authorized signature must appear here or this form will not be approved.

Official Stamp Here Physician or Authorized Signature Date