



College of Arts and Sciences

Immunization Form

University of New England and State of Maine Requirements

Name: _____ Date of Birth _____
Home Address: _____ City: _____ State: _____ Zip: _____
Cell: _____ Home: _____

College of Arts and Sciences

MMR Series: (Two shot series with the first dose occurring after the student’s 1st birthday, with at least 28 days between doses)
Dates Administered: #1 _____ #2 _____
MMR Titer Required **ONLY** if unable to provide documentation of 2 immunizations.
MMR Antibody Titer: Date: _____ Result: Laboratory report **MUST** be attached
*If titer proves **NEGATIVE** or **EQUIVOCAL**, then two administrations of the vaccine are required.
Tdap Vaccine: Date Administered: _____
Meningococcal Vaccine: (Residential Students Only) Date Administered: _____
(Meningococcal conjugate or MenACWY vaccine-1 dose after age 16)

Upload completed form to our Patient Portal
<https://une.medicatconnect.com/>
or mail/fax form to the **Student Health Center** at the appropriate campus

11 Hills Beach Rd Biddeford, ME 04005 Tel: (207) 602-2358 Fax: (207) 602-5904	716 Stevens Ave. Portland, ME 04103 Tel: (207) 221-4242 Fax: (207) 523-1913
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IMMUNIZATIONS DUE:

Spring Semester due: January 1st
Fall Semester due: July 1st

Summer Semester due: April 1st
Winter Semester due: Oct 1st

Health Care Provider Signature/Stamp (REQUIRED):

Signature of Health Care Provider

Date

Printed/Typed Name of Health Care Provider

Telephone Number