

# NORTHERN ARIZONA UNIVERSITY

## IMMUNIZATION REQUIREMENT

ALL new and transfer students are **REQUIRED** to provide proof of immunity to Measles, Mumps and Rubella.

In order to enroll in or drop classes, NAU requires documentation of **ONE** of the following:

- **Two (2) MMR vaccines (measles, mumps, and rubella) given on or after your first birthday, and the second given at least 28 days after the first;** OR
- **Laboratory test results showing immunity to Measles, Mumps and Rubella;** OR
- **Date of birth before January 1, 1957**

It is preferred that documents are submitted electronically: Please go to: [www.campushealth.nau.edu](http://www.campushealth.nau.edu)

After logging in, click on 'Medical Clearances' and follow the instructions.

If unable to submit electronically, you may send documentation in one of the following ways:

- Email- [chs.records@nau.edu](mailto:chs.records@nau.edu). NAU does not have encrypted email; the security of any personal health information sent via email cannot be guaranteed.
- Mail- Campus Health Services Immunizations  
P.O. Box 6033 Flagstaff, AZ 86011-6033

We will accept the following documentation:

- This completed form, signed, dated, and **stamped** by your healthcare provider; OR
- A copy of your most up-to-date immunization record (obtained from your healthcare provider or your school); OR
- A copy of your laboratory results showing immunity to each of Measles, Mumps, and Rubella

Northern Arizona University, the American College Health Association (ACHA), and the U.S. Centers for Disease Control and Prevention (CDC) **strongly recommend** that all college students be up-to-date on the following vaccines:

MENINGOCOCCAL ACWY (Meningitis)      MENINGOCOCCAL B (Meningitis)  
TDAP (Tetanus, Diphtheria, and Pertussis)      HPV (Human Papillomavirus)

Also recommended are Hepatitis A and B, Varicella, and an annual Influenza vaccine.

All of the above vaccines are available at NAU Campus Health Services.

NAME: LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ M.I.: \_\_\_\_\_

NAU ID: \_\_\_\_\_ NAU USER NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

REQUIRED IMMUNIZATIONS	Month:	Day:	Year:
MMR #1: Measles, Mumps, Rubella (given on or after 1st birthday)			
MMR #2: Measles, Mumps, Rubella (given at least 28 days or more after the first)			
<b>OR</b>			
If no record of a vaccine, please electronically submit a copy of your MMR blood titers (immunity status)			

Healthcare Provider Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

Healthcare Provider Office Stamp:  
(required)