

**Allied Health and Nursing**  
**Exposure and Immunity Requirements Form**

---

**Student can use this form as a guide to ensure they have all required supporting documents needed to upload to Student Passport (or other designated online records storage system) by the assigned date.**

\_\_\_\_\_  
Student ID #                      Last Name    First Name    Middle/Maiden Name

**1. Measles, Mumps, and Rubella (MMR)**

Student must have documentation of ONE of the following: **Check ( ) one.**

Have received **two doses** of MMR vaccine after 12 months of age and at least one (1) month apart.  
Date of 1st dose: \_\_\_\_\_ Date of 2nd dose: \_\_\_\_\_

**- OR**

MMR titer indicating immunity: Titer for: \_\_\_\_\_ D

