

Telephone (231) 591-2614

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### STATEMENT OF IMMUNIZATION

Ferris State University has developed a program to insure that the campus population will be immune to measles (rubeola) and rubella. Proper immunization is required. **ANY STUDENT WHO CANNOT SHOW PROOF OF IMMUNIZATION WILL BE DELAYED FROM REGISTERING FOR CLASSES UNTIL THEY ARE ABLE TO SHOW PROOF OF HAVING HAD THE MEASLES (Rubeola) AND RUBELLA, OR A BLOOD TEST SHOWING THEY ARE IMMUNE TO THESE DISEASES, OR OF HAVING HAD THE IMMUNIZATION.** Many Health Departments provide immunizations to college students at a low cost.

This proof of immunization may be at home or may be obtained from your doctor or high school records. A photo-copy of an official immunization record will be acceptable. Or if you do not have these records, your physician **must** complete the statement below. **Make sure these immunization records are up-to-date.** Please do not send personal documents – we cannot be responsible for original records.

#### Measles (Rubeola) and Rubella Record

Name \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

I certify that the above named person has a record of adequate immunization:

**MEASLES (RUBEOLA):** Date of Immunization \_\_\_\_\_

OR:

Has titer indicating immunity. Attach copy of lab report \_\_\_\_\_

Requirements: Measles (rubeola) immunization requirements now include receiving a booster immunization after fifteen (15) months of age, except for students born before 1957. Please get your booster now, if you have only had one measles (rubeola) immunization.

**RUBELLA:** Date of Immunization \_\_\_\_\_

OR:

Has titer indicating immunity. Attach copy of lab report \_\_\_\_\_

Requirements: It is mandatory that the student has received the rubella immunization after (12) months of age, or was born before 1957.

**Authorized Health Care Provider must sign below (Physician, Nurse, or Health Department Stamp – not immediate family member)**

\_\_\_\_\_  
SIGNATURE OF PHYSICIAN OR NURSE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
PHONE