



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: _____

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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

IMMUNIZATIONS DUE:

Spring Semester due: January 1st

Summer Semester due: April 1st

Health Care Provider Signature/Stamp (REQUIRED):

Signature of Health Care Provider

Date

Printed/Typed Name of Health Care Provider

Telephone Number