



**STUDENT:**

Please type or print legibly & have your healthcare provider sign. When completed, upload this form to your **MyUI, Health Requirement Status** at <https://myui.uiowa.edu/my-ui/student/records/dashboard.page>.

**LICENSED HEALTHCARE PROVIDER (MD, DO, PA, NP, RN):**

Return this completed & signed form to student.

**Student Health & Wellness**

4189 Westlawn South  
 Iowa City, Iowa 52242-1100  
 Phone: 319-335-9704 Fax: 319-335-7247  
 E-mail: immunizations@healthcare.uiowa.edu

SECTION 1

Last Name	First Name	Middle Name
Date of Birth mm/dd/yyyy	University ID # (8 digits)	<b>No other records or forms will be accepted.</b>

**ALL STUDENTS**

All students enrolled at **The University of Iowa** must fulfill the following MMR requirement.

SECTION 2

<b>MMR (Measles, Mumps, Rubella) - Dose #1 (must be after age 1)</b>			
<b>MMR</b>	Dose #1 mm/dd/yyyy	Dose #2 mm/dd/yyyy	
<b>OR – ALL THREE OF THE FOLLOWING</b>			
<b>Measles</b>	Dose #1 mm/dd/yyyy	Dose #2 mm/dd/yyyy	<b>OR</b> Lab report confirming immunity attached
<b>Mumps</b>	Dose #1 mm/dd/yyyy	Dose #2 mm/dd/yyyy	<b>OR</b> Lab report confirming immunity attached
<b>Rubella</b>	Dose #1 mm/dd/yyyy	Dose #2 mm/dd/yyyy	<b>OR</b> Lab report confirming immunity attached

SECTION 3

**Licensed Healthcare Provider Verification**

Provider Printed Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Provider Signature/Credentials: \_\_\_\_\_ Date: \_\_\_\_\_

**(Must be signed by MD, DO, PA, NP or RN)**