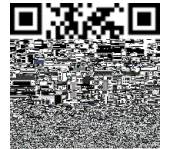


AUCC Immunization Form  
 Student Health and Wellness Center  
 455 Lee St SW, Suite 300 A, Atlanta, GA 30310  
 (404) 756-1241 [shwcrequests@msm.edu](mailto:shwcrequests@msm.edu)  
[https://www.msm.edu/Current\\_8\\_32768-32768\\_eudem/wws:](https://www.msm.edu/Current_8_32768-32768_eudem/wws:) \_\_\_\_\_

School of Medicine    Clark Atlanta University    Morehouse College  
 Email: \_\_\_\_\_ Phone \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Administered by a \_\_\_\_\_ Date Administered \_\_\_\_\_



	(MM/DD/YYYY)	Required For
MMR (Measles, Mumps, and Rubella)	1 <sup>st</sup> Dose ___/___/_____ 2 <sup>nd</sup> Dose ___/___/_____ OR attached antibody titers **You do not need to submit antibody titers if you submit immunization records.	Students born in 1957 or later and all foreign-born students, regardless of year born.  If a titer is performed and does not indicate immunity a subsequent injection series is required.  Antibody titer report must be submitted on lab letter head from a certified laboratory.
Varicella (Chicken Pox)	1 <sup>st</sup> Dose ___/___/_____ 2 <sup>nd</sup> Dose ___/___/_____ OR attached antibody titers **You do not need to submit antibody titers if you submit immunization records.	All U.S. born citizens born in 1980 or later and all foreign born students regardless of year born.  If a titer is performed and does not indicate immunity a subsequent injection series is required.  Antibody titer report must be submitted on lab letter head from a certified laboratory.
TDAP	Received within the last 10 years ___/___/_____	One dose of TDAP received within the last 10 years.







