Student Health Requirements

Student Name_____ **UNI ID#**_____

MMR Vaccination Requirement:

Immunization to measles, mumps, and rubella (MMR) is a requirement for all UNI students. Please provide a copy of your immunization record documenting proof of **TWO MMR vaccinations**. You can obtain your immunization record from:

- Your family doctor's office.
- High school or other colleges you may have attended.
- Public health records (IRIS) or military records. If you have served in the military, a photocopy of your military ID or your DD214 is all that is needed.

A photocopy of your immunization record or this completed form can be submitted one of the following ways:

- **Mail your documentation:**
  > UNI Student Health Clinic
  > 1227 W 27th St Building 0221
  > Cedar Falls, IA 50614-0221
- **Fax: 319-273-7030**
- **Email: immunizations@uni.edu**
- **Students may also request a secure upload link by emailing immunizations@uni.edu**

MMR Vaccination Date #1_____   MMR Vaccination Date #2_____

**Your MMR documentation must be received by the 10th day of the first term enrolled at UNI to avoid a $30 Late Fee and a registration hold on your account.

Meningococcal (Meningitis) Information:

The University of Northern Iowa supports the Center for Disease Control and Prevention (CDC) and the American College Health Association (ACHA) recommendation that all college students be up-to-date with their meningococcal vaccination(s).

Meningitis is an infection of the fluid surrounding the brain and spinal cord that is caused by a virus or bacteria. Bacterial meningitis can be severe and cause organ damage and death. The meningitis vaccine is recommended for all college students. Iowa Law requires us to collect and report meningitis immunization data for our campus.

If you received the meningitis vaccine before age 16 the CDC recommends a booster dose.

Meningococcal Vaccination Date #1_____   Meningococcal Vaccination Date #2_____

If you choose **NOT** to be vaccinated for meningitis, please complete the following:

> Student Signature_____   Date _____

Your signature verifies that you have read the information regarding meningococcal meningitis disease and you understand the risk of not receiving the vaccination.