



## Measles Immunity Report Form – Provider Verification of Immunization

**Student Name:** \_\_\_\_\_

**Student Number:** \_\_\_\_\_

**Current Phone Number:** \_\_\_\_\_

**Health Care Provider verification of two individual vaccinations** against **rubeola** measles (not rubella), usually referred to as measles or MMR. The doses must have been given (1) after January 1, 1968, (2) at least 30 days apart, and (3) on or after 12 months of age. Submit this form as your documentation.

I'm unable to provide paper documentation of having received these vaccinations. My Health Care Provider (physician or nurse) has signed below as verification that these vaccines for rubeola measles were administered on the dates indicated:

#1 vaccination date (month/day/year): \_\_\_\_\_

#2 vaccination date (month/day/year): \_\_\_\_\_

**I certify the accuracy of the vaccination dates above:**

\_\_\_\_\_  
Health Care Provider's Signature / Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Care Provider's Name (printed)

**Upload completed form and documentation at [MyWesternHealth.wvu.edu](https://mywesternhealth.wvu.edu):**

- 1) Log in with your WWU universal account credentials.
- 2) Click "Medical Clearances" in the menu column on the left.
- 3) Locate "Measles" and click the green "Update" button next to it.
- 4) Enter in your two individual measles shot dates.
- 5) Locate "Immunization Records" and click the green "Update" button next to it.
- 6) Upload a copy of this document.