ARIZONA STATE UNIVERSITY
VACCINATION REQUIREMENTS FOR
GLOBAL LAUNCH STUDENTS

Welcome to Global Launch at Arizona State University! Now that you have been admitted to Global Launch, you will need to complete the ASU vaccination requirements. The Measles vaccine (MMR) is the only required vaccination at ASU. Before you can register, you are required to document that you have two measles vaccinations. Prior to registration, you must submit one of the following documents in English:

1. proof of TWO vaccinations for measles (rubeola), administered after 1979 and after the one year of age; or,
2. a lab test showing proof of immunity to measles (rubeola); or,
3. a doctor’s written statement that the vaccination is not advisable because of __________________________ (medical condition(s)).

If your documents are not in English, please use the attached form. The proof must show the measles (rubeola) vaccination date(s), lab test date, or doctor’s statement date, and it must have the signature (or stamp) of a doctor/clinic/hospital.

If you already have this proof, please email to GlobalLaunch@asu.edu or fax to 480---965---8529.

When you come to Global Launch for registration, please bring your vaccination proof documents.

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NOTES

• Vaccinations for measles/mumps/rubella (MMR) can be administered by the ASU Campus Health Service for free.

• If you were born before January 1, 1957, proof of measles vaccination is not required.

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See Other Side
VERIFICATION OF MEASLES VACCINATION

To whom it may concern:

I hereby certify that ____________________________________________
Family (Last) Name
(______________________________________________________________)
Given (First) Name

Date of Birth: ______/______/________
Month Day Year

ASU Student ID Number: ________________________________

• Was vaccinated again measles (rubeola) on the following date(s):

________/______/________
Month Day Year

________/______/________
Month Day Year

• OR, a laboratory test on ___________________________ revealed immunity to
  measles (rubeola) in the titer of _____________________________.

• OR, measles (rubeola) vaccination is not advised because of the following health
  condition(s): _____________________________.

Name of Clinic: ____________________________________________
Address of Clinic: _________________________________________
_____________________________________________________

Signature of Health Care Provider: __________________________
Clinic or Hospital Stamp: ____________________________

______________________________
Date Signed: ________________________
Month/Day/Year

STUDENT: Please send scanned copy of this competed document to GlobalLaunch@asu.edu
or fax to to (480) 965---8529.