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 result 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.

______________________________

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.
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 against 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______________________________. (Lab test results must be attached)

• 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 (480) 965-8529.