



Fairmont State University
Office of Admissions
1201 Locust Ave
Fairmont, WV
26554

MMR Vaccination Form

NOTE: Students admitted to Fairmont State must have this form executed by a physician. The form is to be submitted to the Office of Admissions. The information on all health forms will be released to Fairmont State's Student Health Services.

Student's Name:

DOB:

Age:

Gender:

Address:

Name of the Hospital/ Clinic:

Date of MMR (Measles- Mumps-Rubella) Vaccination taken:

Official Stamp

Physician Signature