

ELI Verification of Immunization

Student Name (Last, First)

uNID

Date of Birth (mm/dd/yyyy)

Date of First Mumps Immunization: _____

Date of Second Mumps Immunization: _____

Date of First Measles Immunization: _____

Date of Second Measles Immunization: _____

Date of Rubella Immunization: _____

Please enter all immunization dates in mm/dd/yyyy format. Immunizations must be administered after one year of age to be considered valid.

*For questions, please contact the English Language Insitute: 1 (801) 581-4600
Or the University of Utah Student Health Center: 1 (801) 585-6009*

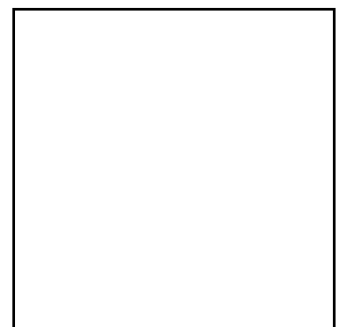
I certify that the student named above has received the listed immunizations.

Name of Physician

Signature of Physician

Date (mm/dd/yyyy)

Name of Clinic



Clinic Stamp