

This form must be completed and signed by a health care provider.  
 Enter and upload immunizations at <https://tigerhealth.towson.edu>  
 For questions email: [healthcenter@towson.edu](mailto:healthcenter@towson.edu)

: \_\_\_\_\_ (mm/dd/yy): \_\_\_\_\_

VACCINE	DOSE 1	DOSE 2	Alternative to vaccine:
given on or after 1st birthday	___/___/___	___/___/___	Positive IgG titers to Measles (Rubeola), Rubella, and Mumps

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