

Immunization Policy

Mail/FAX Cover Sheet

Submission of proof of one of the following to an ASU health service location is required. You will not be permitted to register, add or drop classes until you meet this requirement:

- a. 2 MMR (measles, mumps, rubella) immunizations (must have 2 different dates of injection) At least one of the shots must have been given after 1979.

OR

- b. Lab test showing immunity to RUBEOLA

The immunization requirement is waived if you were born before January 1, 1957.

The MMR immunization is available for a fee at any of the ASU health services locations.

Instructions for Filing Verification of Immunization

1. Carefully review what you send to the ASU health services. The most common mistake that prevents students from registering is sending proof of only one (1) MMR.
2. Complete the *Information Required ...* section below. Use this sheet as your mail or FAX cover sheet when you send ASU proof of immunization.
3. Mail this cover sheet and proof of immunization or lab test to:

Campus Health Service
Arizona State University
PO Box 872104
Tempe, AZ 85287-2104

4. Or FAX this cover sheet and proof of immunization or lab test to:

Tempe Location:	Fax: 480.965.8914	West Location:	Fax: 602.543.8079
	Phone: 480.965.8177		Phone: 602.543.8019
Polytechnic Location:	Fax: 480.727.1599	Downtown Location:	Fax: 602.496.0675
	Phone: 480.727.1500		Phone: 602.496.0721

After 48 hours, you may confirm that your information has been received by going to <https://asu.edu/myasu/> and signing in with your ASURite ID and password. A hold will continue to appear under "My Tasks" until your proof has been received and verified.

Questions about this policy may be asked via e-mail at measles@asu.edu or via telephone at the campus you faxed your proof.

Information Required to Match Your Immunization Verification with Your ASU Student Records

Complete the following and include proof of **two (2) MMRs** or a lab test that shows immunity to Measles (Rubeola). Include your full name, date of birth, and ASU ID **on all pages that you FAX.**

Note: Please keep a copy of your original records as we only save the MMR dates.

Name

Date of Birth

ASU ID Number

Email Address

Daytime Telephone

Return Fax Number