

**THIS FORM MUST BE COMPLETED  
& SIGNED BY YOUR PHYSICIAN**

Proof Of Immunity Is Defined As Documentation In  
The Form Of:

- History of physician-diagnosed measles in the past.
- Laboratory (serologic) evidence of measles immunity.
- Two doses of live measles vaccine on or after 12 months of age, given at least one month apart.

\_\_\_\_\_  
Counselor's Name

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

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