NORTHWEST
MISSOURI STATE UNIVERSITY
University
Wellness Center
660.562.1348 office
660.562.1857 fax

PHYSICIAN LETTER

MUST BE COMPLETED AND SUBMITTED PRIOR TO ARRIVAL TO NORTHWEST

Name of Student_____ Date of Birth_____

Measles Mumps Rubella (MMR)
(You must have had 2 of these vaccines at least 28 days apart)

DATE OF DOSE 1 _____
DATE OF DOSE 2 _____

Meningococcal Conjugate Vaccine (Meningitis – ACWY)
(Required if living on campus)

DATE OF DOSE _____

Please list any other vaccines you have had:

If you have had prior treatment for active TB disease or latent TB infection medication treatment, written documentation must be submitted prior to arrival.

_____ _____
Signature of student Date

_____ _____
Signature of parent (if student is under 18 years of age) Date

_____ _____
Signature of Health Care Provider Date

Official seal of hospital or clinic (must have official seal to make this a valid document)

800 University Drive
Maryville, MO 64468-6001
www.nwmissouri.edu