

PERMISSION TO RELEASE VACCINATION RECORDS

(FOR EMPLOYEES)



Complete this portion indicating the name of your health care provider:

I grant permission to _____ *(the name of your health care provider)*

to provide written documentation of the MMR vaccination or other evidence of immunity to the measles to Mercyhurst University. Mercyhurst University requires this documentation and considers the following as sufficient documentation of MMR immunity:

- written documentation of adequate vaccination (must include exact vaccination dates) *-OR-*
- laboratory evidence of immunity *-OR-*
- laboratory confirmation of measles in the past.

Please send this as soon as possible.

Then, sign and date this form and give it to your health care provider:

PATIENT NAME (PLEASE PRINT)

PATIENT DATE OF BIRTH

PATIENT SIGNATURE

TODAY'S DATE

TO HEALTH CARE PROVIDER:

- If you do not have documentation on file, please contact the patient and advise accordingly.
- Ensure the documentation contains the patient's full name and date of birth.
- For documentation of vaccination, include the exact dates of vaccination.
- For documentation of evidence of immunity or past measles diagnosis, include the proof of and the date of lab confirmation.
- Submit appropriate documentation by fax to **814-240-6750**.