



DOB: 3/1/2001

**MEASLES, MUMPS, RUBELLA (MMR) IMMUNIZATION**LAST NAME: ThompsonFIRST NAME: Oracle

TSCC ID #: \_\_\_\_\_

**MEASLES/MUMPS/RUBELLA (MMR) TITER - TO BE COMPLETED BY PHYSICIAN, NURSE PRACTITIONER, OR NURSE.**

HAVE YOU RECEIVED YOUR MMR IMMUNIZATION IN THE PAST? IF "YES" - SEE STEP 1 &amp; IF "NO" SEE STEP 2.

**STEP 1 - IF YOU HAVE COMPLETED AN MMR IMMUNIZATION IN THE PAST - HAVE A TITER DRAWN - AND HAVE YOUR PROVIDER COMPLETE THE FOLLOWING. IF ANY RESULTS ARE NEGATIVE - SEE STEP 2 - RE-VACCINATION IS REQUIRED.**

DATE OF MEASLES (RUBEOLA) TITER: 6/24/25 POSITIVE? ☒ ( $\geq 1.1$  AI) NEGATIVE? ☐ ( $\leq 0.8$  AI) (please identify results with a ☒)

DATE OF MUMPS TITER: 6/24/25 POSITIVE? ☐ ( $\geq 1.1$  AI) NEGATIVE? ☒ ( $\leq 0.8$  AI) (please identify results with a ☒)

DATE OF RUBELLA (MEASLES) TITER: 6/24/25 POSITIVE? ☐ ( $\geq 1.1$  AI) NEGATIVE? ☒ ( $\leq 0.7$  AI) (please identify results with a ☒)

PHYSICIAN/NURSE PRACTITIONER NAME & CREDENTIALS (PLEASE PRINT) Edward R. Moore, MDPHYSICIAN/NURSE PRACTITIONER SIGNATURE [Signature]

AFC PRATTVILLE  
1965 COBBS FORD RD  
PRATTVILLE, AL 36066  
334-361-7054 (P)  
334-361-8750 (F)

**IF YOUR TITER RESULTS ARE POSITIVE - YOU ARE DONE!**  
**IF TITER RESULTS ARE NEGATIVE OR IF YOU HAVE NEVER BEEN VACCINATED - COMPLETE STEP 2 BELOW.**

**MEASLES, MUMPS, RUBELLA (MMR) VACCINATION****STEP 2 - IF YOU HAVE NOT HAD AN MMR IMMUNIZATION OR IF YOU HAVE A NEGATIVE TITER - IMMUNIZATION IS REQUIRED. A HEALTHCARE PROVIDER MAY RECOMMEND A BOOSTER. IF A BOOSTER IS PERFORMED COMPLETE DOSE #1 LINE ITEM.**

|          |                   |                       |          |                   |             |
|----------|-------------------|-----------------------|----------|-------------------|-------------|
| DOSE # 1 | MEASLES (RUBEOLA) | DATE: <u>07/09/25</u> | DOSE # 2 | MEASLES (RUBEOLA) | DATE: _____ |
| DOSE # 1 | MUMPS             | DATE: <u>07/09/25</u> | DOSE # 2 | MUMPS             | DATE: _____ |
| DOSE # 1 | RUBELLA (MEASLES) | DATE: <u>07/09/25</u> | DOSE # 2 | RUBELLA (MEASLES) | DATE: _____ |

PHYSICIAN/NURSE PRACTITIONER NAME & CREDENTIALS (PLEASE PRINT) Maranda Fain, FNPCPHYSICIAN/NURSE PRACTITIONER SIGNATURE [Signature]

Provider:  
Please place office stamp  
here (if possible) for  
validation purposes.

**Walgreens #11389**  
3720 Hwy. 14  
Millbrook, AL 36054  
334-285-1450

**AFTER COMPLETION OF STEP 2 (2-DOSE SERIES) OR BOOSTER, HAVE A TITER DRAWN FOR EACH VACCINATION RECEIVED IN STEP 2 TO DOCUMENT IMMUNITY:**

DATE OF MEASLES TITER: 7/28/25 POSITIVE? ☒ NEGATIVE? ☐ (please identify results with a ☒)

DATE OF MUMPS TITER: 7/28/25 POSITIVE? ☒ NEGATIVE? ☐ (please identify results with a ☒)

DATE OF RUBELLA TITER: 7/28/25 POSITIVE? ☒ NEGATIVE? ☐ (please identify results with a ☒)

PHYSICIAN/NURSE PRACTITIONER NAME & CREDENTIALS (PLEASE PRINT) Maranda Fain, FNPCPHYSICIAN/NURSE PRACTITIONER SIGNATURE [Signature]