

DOCUMENTATION
OF
MUMPS, MEASLES, RUBELLA
(Personnel born before 01/01/1957)

I, _____ have had the following:

- a. mumps
- b. measles (rubeola, seven day measles, old fashioned measles)
- c. rubella (three day measles, german measles)

Your date of birth is _____

Signature _____ Date _____