

Persons born before January, 1957, are exempt from this requirement and do not need to submit this form.

All Commuter and Resident students MUST have Sections A and E OR Sections B, C, D, and E

Completed in order to be in compliance with the NY State Public Health Laws.

Month / Day / Year

A: M.M.R. (Measles, Mumps, Rubella) If given instead of individual immunization

1st Dose: Immunized on or after first birthday, AND on or after January 1, 1972 _____/_____/_____

2nd Dose: Immunized 15 months after birth or later, AND at least 28 days after 1st dose. _____/_____/_____

B: MEASLES (RUBEOLA)

1. ___ Had the disease, confirmed by office record _____/_____/_____

2. ___ Has reports of adequate immune titer. **MUST SUBMIT COPY OF LAB REPORT** _____/_____/_____

3. ___ Dose 1: Immunized on or after first birthday, AND on or after January 1, 1968 _____/_____/_____

AND

Dose 2: Immunized 15 months after birth or later AND at least 28 days after 1st dose. _____/_____/_____

C: MUMPS

1. ___ Had the disease, confirmed by office record _____/_____/_____

2. ___ Has reports of adequate immune titer. **MUST SUBMIT COPY OF LAB REPORT** _____/_____/_____

3. ___ Immunized on or after first birthday, AND on or after January 1, 1968 _____/_____/_____

D: RUBELLA (GERMAN MEASLES)

1. ___ Has reports of adequate immune titer. **MUST SUBMIT COPY OF LAB REPORT** _____/_____/_____

2. ___ Immunized on or after first birthday, AND on or after January 1, 1968 _____/_____/_____

E: MENINGOCOCCAL MENINGITIS - Required for ALL Resident Students

Check one box.

Had the meningitis immunization (Menomune™/Menactra™) within the past 10 years. _____/_____/_____

Read or have explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that I (my child) will not obtain immunization against meningococcal meningitis disease.

F. STRONGLY RECOMMENDED FOR RESIDENT STUDENTS

___ PPD Result _____ _____/_____/_____

___ Tetanus or TD (within 10 years) _____/_____/_____

___ Polio Series Completes _____/_____/_____

___ Hepatitis #1 _____/_____/_____

#2 _____/_____/_____

#3 _____/_____/_____

___ Varicella (If No History of the Chicken Pox) _____/_____/_____