

IMMUNIZATION RECORD

Immunization records are required prior to registration

Please complete this form and return it to **LOEW HALL ROOM 101: or fax to 718.289.6074**

Document **must** be legible to be processed. Students are responsible for obtaining translation of foreign records prior to submission.

***Students born prior to January 1, 1957 are exempt from the measles, mumps, and rubella requirement. All students need to acknowledge the Meningitis risks and refusal in part 2. For more information, see the attached information statement.**

Part 1: Student Information		To be completed by the student	
Name (please print) _____			
Last name		First name	Middle Initial
Date of Birth	EMPL ID #	Daytime phone	Email address
____/____/____ <i>mm dd yyyy</i>	_____	() _____	_____

Part 2: Meningococcal Meningitis		To be completed by the student	
Instructions: Please check one box in Section A below and sign and date in Section B			
A.	<input type="checkbox"/> I have read the attached information and I received the vaccine on: _____ <i>mm dd yyyy</i>		
	<input type="checkbox"/> I have read the attached information, and I will not receive the vaccine		
B.	Student/ Parent Signature if student is under 18 years. _____	_____	<i>mm dd yyyy</i>

Part 3: Immunization History		To be completed by a health care provider				
Provider: All dates must include month, day, and year. Please mark an (X) in the appropriate boxes						
A.	Measles, mumps and rubella must be live vaccine and given no more than 4 days prior to first birthday.			month	day	year
	MMR (<i>measles mumps, rubella</i>) – if given as combined dose instead of individual vaccine.					
	<input type="checkbox"/> Dose 1: No more than 4 days prior to first birthday, AND on or after January 1, 1972					
	<input type="checkbox"/> Dose 2: At least 28 days after 1 st vaccine					
O R	<input type="checkbox"/> Measles (Rubeola) Dose 1: Immunized on or after Jan. 1, 1968 and first birthday AND					
	<input type="checkbox"/> Measles (Rubeola) Dose 2: Immunized at least 28 days after the first dose					
	<input type="checkbox"/> Rubella Immunized after 1968 and on or after first birthday					
	<input type="checkbox"/> Mumps Immunized after 1968 and on or after first birthday					
O R	Titer (blood test) showing positive immunity (<i>Dated lab results MUST be attached</i>)			month	day	year
	<input type="checkbox"/> Measles					
	<input type="checkbox"/> Mumps					
	<input type="checkbox"/> Rubella					
B.	Health care provider information: (Please include official stamp)					
	Name: _____		Address: _____			
	Signature: _____		License #: _____	Phone: () _____		

Part 4: For Office of Health Services Staff Use Only		
Processed by:		
Staff Name: _____	Staff Signature: _____	Date: _____

IMMUNIZATION REQUIREMENTS FOR POST-SECONDARY ADMISSION

Measles, Mumps, Rubella:

New York State Public Health Law 2165 requires all students entering a post-secondary institution to provide their health services center with proof of immunity to **measles, mumps and rubella**. This law applies to students born on or after January 1, 1957, who are registered for 6 or more credits at a CUNY campus.

Meningococcal Disease

New York State Public Health Law 2167 requires all post-secondary institutions to provide information on **meningitis** and the **meningitis** vaccine to all students registering for **6** credits or more (or its equivalent). In addition, each institution is required to maintain a record of the following for each student:

- A response to receipt of meningococcal meningitis disease and vaccine information signed by the student or student's parent/ guardian.
- A record of meningococcal meningitis immunization within the past 10 years.
OR
- An acknowledgement of meningococcal meningitis risks and refusal of meningococcal meningitis immunization signed by the student or student's parent or guardian.

These laws apply to students taking six credits or more **regardless of degree or non-degree status.**

How do I get more information about meningococcal disease and vaccination?

Contact your primary care **provider** or your **Student Health Services at _____**.

Additional information is also available on the following websites:

www.health.state.ny.us (New York State Department of Health)

<http://www.cdc.gov/vaccines/vpd-vac/default.htm> (Centers for Disease Control and Prevention)

www.acha.org (American College Health Association)

Please visit our website at: _____

Information to complete Immunization Requirements

ACCEPTABLE PROOF OF IMMUNITY MAY INCLUDE (Signed and Stamped):

1. Immunization cards from childhood (**yellow card**).
2. Immunization records from college, high school or other schools you attended.
3. Immunization record from your health care provider or clinic.
4. **Serology** (lab) report showing immunity to measles, mumps and rubella. The lab report must be an actual copy showing your immunity to **measles, mumps, and rubella**.
5. A statement from the diagnosing physician, physician assistant or nurse practitioner that the student has had measles **and/or mumps** disease (**proof of disease not accepted for rubella**).
6. Proof of honorable discharge from the armed services within 10 years from the date of application to the institution.
7. Documentation that proves the student attended primary or secondary school in the United States after 1980 will be sufficient proof that the student received one dose of live measles vaccine.