

CERTIFICATE OF IMMUNIZATION

Name:	ID#/ A
Birth Date:	Phone: ()
Residence Hall Student: Yes or No (circle one)	Address:

PROOF OF IMMUNIZATIONS

New York Public Health Law 2165 requires all students born after 1956 and enrolled for 6 or more credit hours to prove immunity to Measles, Mumps, and Rubella. acceptable documentation includes immunizations, serology or history. Immunizations must be for 2 Measles, 1 Mumps, and 1 Rubella. All immunizations must be a live vaccine, administered on or after first birthday, and a minimum of 28 days apart. Positive serology to Measles (Rubeola), Mumps and Rubella is acceptable. Medical documentation of a history to Measles and Mumps is acceptable. Exceptions to this requirement will be made for students with genuine and sincere religious beliefs contrary to immunizations or for those whom immunizations are medically contraindicated.

MEASLES, MUMPS AND RUBELLA IMMUNIZATIONS	SEROLOGY (TITRES) Please attach laboratory results
MMR #1: ____/____/____ MMR #2: ____/____/____ If single antigen vaccine given, please list below: Measles #1: ____/____/____ Measles #2: ____/____/____ Mumps vaccine date: ____/____/____ Rubella vaccine date: ____/____/____	Measles (Rubeola) IgG Titre date: ____/____/____ Result: _____ Mumps IgG Titre date: ____/____/____ Result: _____ Rubella IgG Titre date: ____/____/____ Result: _____

Signature/Stamp of Health Care Provider:

MENINGITIS VACCINE INFORMATION AND RESPONSE

New York Public Health Law 2167 requires colleges to provide all students with information on meningitis and the meningitis vaccines for students, or parents or guardians of students under the age of 18. The institution is required to maintain a record of the following for each student: A vaccine record indicating at least 1 dose of meningococcal ACWY vaccine within the last 5 years or a complete 2- or 3-dose series of Meningococcal B vaccine, or a signed response form indicating that the student will not obtain immunization against meningococcal disease.

MENINGITIS IMMUNIZATIONS

Dates of Meningococcal ACWY vaccines within the past 5 years: #1: _____ #2: _____
Dates of Meningococcal B vaccine : #1: _____ #2: _____ #3: _____
Signature/Stamp of Health Care Provider: _____ Date: _____

RESPONSE

I have read, or have had explained to me, the information regarding meningococcal disease. I understand the risk of not receiving the vaccine. I have decided that I (my child) will not obtain immunization against meningococcal disease. I understand this does not prevent me (my child) from receiving in the vaccine in the future.

Student (parent if minor child) Signature: _____ Date: _____

An official copy of immunization records (with a signed meningitis declination if not vaccinated within 5 years) can be substituted for this form