

## **Immunization Requirements**

In accordance with New York State Public Health Law 2165, students enrolled for at least six (6) semester hours or the equivalent per semester and who were born on or after January 1, 1957, must present proof of immunization against measles, mumps, and rubella in order to register, attend classes, or use University facilities. Requirements are as follows:

1. Two doses for two doses of live measles vaccine (the 1st dose must have been administered on or after the first birthday, the second dose at 28 days later and after 15 months of age), or a blood test showing immunity.
2. One dose of live mumps vaccine administered on or after the first birthday, or a blood test showing immunity.
3. One dose of live rubella vaccine administered on or after the first birthday or a blood test showing immunity.

In addition, New York State Public Health Law 2167 requires that all college and university students enrolled for at least six (6) semester hours or the equivalent per semester, or at least four (4) semester hours per quarter, return a Meningococcal Meningitis Vaccination Response Form before they may register.

Please complete and mail the following forms to the address below:

1. **Student Immunization Record Form** (*this form must be signed and stamped by a practitioner/medical doctor*).
2. **Meningococcal Meningitis Response Form**

The School of Professional Studies  
101 West 31<sup>st</sup> Street – Suite 905  
New York, NY 10001  
Attn: Student Services

Failure to comply with state law will result in denial of registration privileges.

***Forms are located on the pages that follow.***

**STUDENT IMMUNIZATION RECORD FORM**

*(please print)*

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Program \_\_\_\_\_

NYS Public Health Law 2165 requires post-secondary students to show protection against measles, mumps, and rubella. Persons born prior to January 1, 1957, are exempt from this requirement. If you are claiming an exemption on this basis, please send us a copy of your driver's license, passport or birth certificate as proof of your date of birth.

**To be in compliance you must have both items in Section A**

**A. REQUIRED: Two M.M.R. Immunizations** (Measles, Mumps, Rubella), if given as a combined dose instead of individual immunizations.

**Dose 1** – Immunized 12 months after birth or later \_\_\_\_\_

**Dose 2** – Immunized 15 months after birth or later \_\_\_\_\_

**OR**

**B. REQUIRED: Two measles, one rubella and one mumps**

1. Two dates of Measles Immunization (1) \_\_\_\_\_ (2) \_\_\_\_\_ (both after 1967)  
12 months after birth 15 months after birth

**or**

2. Date of Measles Titer \_\_\_\_\_ Titer Results \_\_\_\_\_ Reference Range (copy of **laboratory report must be attached to this form to be valid**)

**and**

1. Date of at least one Rubella immunization \_\_\_\_\_. Must be administered on or after the age of 12 months.

**or**

2. Date of Rubella Titer \_\_\_\_\_ Titer Results \_\_\_\_\_ Reference Range (**copies of immune titer laboratory report must be attached to this form to be valid**)

**and**

1. Date of at least one Mumps immunization \_\_\_\_\_. Must be administered on or after the age of 12 months.

**or**

2. Date of Mumps Titer \_\_\_\_\_ Titer Results \_\_\_\_\_ Reference Range (**copies of immune titer laboratory report must be attached to this form to be valid**)

**C. REQUIRED: Note regarding NYS Public Health Law 2167 and Meningococcal Meningitis Immunization Record Form.**

Meningococcal Meningitis Immunization is not mandatory, but **returning the attached Meningococcal Meningitis Response Form is mandatory**. The form must be completed, signed, and returned to Student Health Services together with the Immunization Record Form.

Practitioner Name \_\_\_\_\_ Title \_\_\_\_\_

*(please print)*

Practitioner Signature \_\_\_\_\_

Telephone Number \_\_\_\_\_

OFFICE STAMP ABOVE
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### Meningococcal Meningitis Vaccination Response Form

New York State Public Health Law 2167 requires that all college and university students enrolled for at least six (6) semester hours or the equivalent per semester, or at least four (4) semester hours per quarter, MUST complete and return the Meningitis Response Form within thirty days, or you will be blocked from registration and from attending classes. Please complete this form and return to:

The School of Professional Studies  
101 West 31<sup>st</sup> Street – Suite 905  
New York, NY 10001  
Student Services #8308

#### Check one box and sign below.

I have (for students under the age of 18: My child has):

- had the meningococcal meningitis immunization (Menomune™) within the past 10 years.

Date received: \_\_\_\_\_

[Note: The vaccine's protection lasts for approximately 3 to 5 years. Revaccination may be considered within 3-5 years.]

- read, or have had explained to me, the information regarding meningococcal meningitis disease. My child (I) will obtain immunization against meningococcal meningitis **within 30 days** from my private health care provider.
- read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that my child (I) will **not** obtain immunization against meningococcal meningitis disease.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent / Guardian if student is a minor)

Print Student's Name \_\_\_\_\_ Student Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

E-mail address \_\_\_\_\_ Student ID# \_\_\_\_\_

Mailing Address \_\_\_\_\_

Student Phone number \_\_\_\_\_