

STUDENT IMMUNIZATION RECORD FORM

Every student taking six or more credits at a New York State College or University, whose birthdate is after 1956, is required to show proof of immunity against measles, mumps, and rubella before attending classes. **You will not be able to attend classes without this form completed and returned.**

This New York State Department of Health policy is designed to protect the public health. **PROOF OF MEASLES IMMUNITY** means two doses of MMR or measles vaccine on or after a student's first birthday, at least 30 days apart, and dated after 1967. A physician-documented history of the disease or serologic evidence of immunity can also be submitted. **PROOF OF RUBELLA IMMUNITY** means one dose of rubella vaccine on or after a student's first birthday or serologic evidence of immunity. **PROOF OF MUMPS IMMUNITY** means one dose of mumps vaccine on or after a student's first birthday. A physician-documented history of the disease or serologic evidence of immunity can also be submitted as proof.

Proof of immunization must contain specific references to these diseases, dates, and dosages.

The form below may be used or you can provide a copy of your High School Health Record or a physician's written statement, but documents must provide all required information. Proof of immunization is to be submitted to the Registrar's Office in person, by mail, or via fax to: 518.832.7601.

Thank you for your cooperation and assistance. Should you have any questions, please contact the Registrar's Office in person or at: 518.743.2279.

Name: _____ Date of Birth: ____ / ____ / ____

Banner ID or Social Security Number: _____

REQUIRED: MMR IMMUNITY

TWO dates of MMR (Measles, Mumps, Rubella) Immunization:
First date must be after first birthday, usually at age 15 months
OR follow the steps below for Measles, Rubella and Mumps.

1. ____ / ____ / ____ 2. ____ / ____ / ____

Or: IF RECEIVED SEPARATELY

REQUIRED: MEASLES (RUBEOLA) IMMUNITY

TWO dates of Measles Immunization: *Both must be given after 1967*
AND on or after the first birthday, with at least 30 days between doses.

1. ____ / ____ / ____ 2. ____ / ____ / ____

Or Date of Measles Titer: ____ / ____ / ____

PLEASE ATTACH COMPLETE LAB REPORT Or

Date physician diagnosed measles disease: ____ / ____ / ____

AND signature of the diagnosing physician: _____

REQUIRED: RUBELLA (GERMAN MEASLES) IMMUNITY

Date of ONE Rubella Immunization: ____ / ____ / ____

Must be on or after the first birthday Or

Date of Rubella Titer: ____ / ____ / ____

PLEASE ATTACH COMPLETE LAB REPORT

Physician diagnosis is not acceptable. _____

REQUIRED: MUMPS IMMUNITY

Date of ONE Mumps Immunization: ____ / ____ / ____

Must be on or after the first birthday Or

Date of Mumps Titer: ____ / ____ / ____

PLEASE ATTACH COMPLETE LAB REPORT Or

Date physician diagnosed mumps disease: ____ / ____ / ____

AND signature of the diagnosing physician: _____

PLEASE NOTE: MMR vaccine is recommended to provide protection against all three vaccine preventable diseases: measles, mumps, and rubella.

Signature of Health Practitioner Date

Must be: R.N., M.D., P.A., or N.P.

EXEMPTION: This student should be granted an exemption for medical reasons. This exemption is:

_____ permanent

_____ temporary until (please provide date): _____

Signature of Health Practitioner Date