

## Immunization Record Form Guide

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 **AFTER** January 1st 1957.

Regardless of your method of attending classes (online, hybrid or remote), students must provide proof of having received **two doses** of the MMR vaccine and documentation of their most recent dose of the Meningitis vaccine. You may do so by either:

1. Having your healthcare provider fill out the [\*\*Immunization Record Form\*\*](#), they must fill out the 'Health Care Provider Information' section and stamp the form  
**(Stamp must contain name AND license number of provider)**

OR

2. If you have access to your own vaccination history/records, you may fill out the [\*\*Immunization Record Form\*\*](#) **yourself AND submit a copy of your vaccination history/records.**

**\*\*If you were born BEFORE January 1, 1957, you DO NOT need to submit proof of vaccination for MMR (Measles, Mumps, Rubella). But, you may still need to submit a [\*\*Meningitis Form\*\*](#)\*\***

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On page one of the immunization form, you will fill in your **Student Information**.

<b>Student Information</b>		<b>-- To be completed by the student --</b>		
<b>Name</b> (please print): <u>Beaver</u>		<u>Benny</u>		
<i>Last name</i>		<i>First name</i>	<i>M.I.</i>	
<b>Complete Address:</b> <u>160 Convent Ave, New York, NY 10031</u>				
<b>Date of Birth</b>	<b>EMPL ID #</b>	<b>Daytime phone</b>	<b>Email address</b>	
<u>03</u> / <u>15</u> / <u>1934</u> <i>mm dd yyyy</i>	<u>21265070</u>	<u>(212) 650-7000</u>	<u>bbeaver000@citymail.cuny.edu</u>	

**\*You may find your EMPLID on CUNYFirst. Login to CUNYFirst > Student Center > Profile (it is an 8-digit number)\***

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If you have received **one or two doses** of the MMR vaccine then you will fill out part 1A. Part 1A has **three sections**:

1. If you have received the measles, mumps and rubella vaccine as a **combined** vaccine, meaning, the MMR vaccine, input your vaccination dates where it says '**MMR dose 1 and dose 2**'.

Part 1: Immunization History		-- To be completed by a health care provider -- *Documentation must be included*		
Provider: All dates must include month, day, and year.				
A.	MMR (measles, mumps, rubella) – as combined dose.		MONTH	DAY
	<input type="checkbox"/> <b>Dose 1:</b> No more than 4 days prior to first birthday, AND on or after January 1, 1972			
	<input type="checkbox"/> <b>Dose 2:</b> At least 28 days after 1 <sup>st</sup> vaccine			

\*Your first dose of the MMR vaccine must be given AFTER your first birthday, or no earlier than 4 days PRIOR to your first birthday\*

\* You **MUST** have received **two doses of the MMR vaccine** in order to receive full compliance.  
Providing only one dose of the MMR vaccine will place you in partial compliance\*

2. The section underneath will be completed only if you have received the Measles, Mumps and Rubella vaccine as **individual** doses. Mark the vaccines you have received and provide the dates of vaccination.

OR	<input type="checkbox"/> <b>Measles</b> (Rubeola) Dose 1: Immunized on or after Jan. 1, 1968 and first birthday <b>AND</b>		MONTH	DAY
	<input type="checkbox"/> <b>Measles</b> (Rubeola) Dose 2: Immunized at least 28 days after the first dose			
	<input type="checkbox"/> <b>Rubella</b>	Immunized after 1969 and on or after first birthday		
	<input type="checkbox"/> <b>Mumps</b>	Immunized after 1968 and on or after first birthday		

3. The third section will be completed if you have done a **titres blood test** to check for immunity. For this section you will input the date of when you did the test (not the day of when you received the results).

O R	Titers (blood test) showing positive immunity ( <b>Dated lab report MUST be attached</b> )	month	day	year
	<input type="radio"/> Measles, Mumps, Rubella			

You must submit a copy of your lab report so that we may verify immunity. Your lab report **MUST** contain the following information: full name, date of birth (month,day,year), official heading, numerical reference range (positive, equivocal, negative) and numerical result value.

If you are completing the form **yourself**, you **must also** submit proof of vaccination along with the immunization record form.

Part 1B is to be completed and **STAMPED** by your healthcare provider certifying vaccinations. If you are filling the form **yourself** there is no need to fill this section and you may go to the next section.

B.	Health Care Provider Information: ( <b>MUST include official stamp</b> )			
	Name: _____		Address: _____	
	Signature: _____		License #: _____	Phone : (      ) _____

## **Part two: Meningitis**

Part two will ask about the Meningococcal Meningitis vaccine (please select **ONE** box):

If you have received the vaccine within the last 5 years you may mark the 1st box and input the date you received the vaccine.

<b>Part 2: Meningococcal Meningitis</b>							
<b>Instructions: Please check one box in Section A below and sign and date in Section B</b>							
<b>A.</b>	I have (for students under the age of 18: "My child" has):						
	<input type="checkbox"/> had meningococcal immunization within the past 5 years. The vaccine record is attached.	<table border="1"><tr><td>mm</td><td>/</td><td>dd</td><td>/</td><td>yyyy</td></tr></table>	mm	/	dd	/	yyyy
mm	/	dd	/	yyyy			

**Meningitis vaccine must not be older than 5 years to date.**

**Additionally, even if your doctor completes part 1B of the form, you must still provide proof of vaccination for the Meningitis vaccine.**

If you have not received the vaccine within **the last 5 years**, then you may choose one of the other two options:

<input type="checkbox"/> read, or have had explained to me, the information regarding meningococcal disease. I (my child) will obtain immunization against meningococcal disease within 30 days from my private health care provider and will submit proof of this to the Student Health Services at the City College of New York.
<input type="checkbox"/> read, or have had explained to me, the information regarding meningococcal disease. I understand the risks of not receiving the vaccine. I have decided that I (my child) WILL NOT obtain immunization against meningococcal disease.

**\*\*The meningitis vaccine is optional, and you are not required to be vaccinated against Meningitis to attend CCNY\*\***

Once you have completed part 2 by marking **ONE** of the boxes, you will sign Part 2B (parents must sign if under the age of 18)

<b>B.</b>	Student (Parent/Guardian Signature if student is under 18 years)	<table border="1"><tr><td>mm</td><td>/</td><td>dd</td><td>/</td><td>yyyy</td></tr></table>	mm	/	dd	/	yyyy
mm	/	dd	/	yyyy			

You may submit your records in person by stopping by Marshak, Room J-15. Or you may either scan or take a picture of your records and form, and upload them to our secure transfer link: <https://securetransfer.ccny.cuny.edu/filedrop/shs@ccny.cuny.edu>

If you have any questions, feel free to email us at [shs@ccny.cuny.edu](mailto:shs@ccny.cuny.edu) or call us at 212-250-8222.