

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: *If being completed by the student, please attach proof of vaccination and disregard section B**			
<i>Please note: If this form is completed by a medical provider; please enter full the vaccination dates in section A <u>and</u> complete all lines in section B. Incomplete forms will be returned to the student.</i>			
A.	MMR must be live vaccine and given no more than 4 days prior to first birthday.	month	day
	MMR (measles, mumps, rubella) – as combined dose.	year	
	<input type="radio"/> Dose 1: No more than 4 days prior to first birthday, AND on or after January 1, 1972 <input type="radio"/> Dose 2: At least 28 days after 1 st 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.

O R	<input type="radio"/> Measles (Rubeola) Dose 1: Immunized on or after Jan. 1, 1968 and first birthday AND			
	<input type="radio"/> Measles (Rubeola) Dose 2: Immunized at least 28 days after the first dose			
	<input type="radio"/> Rubella Immunized after 1969 and on or after first birthday			
	<input type="radio"/> Mumps 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 (<i>Dated lab report MUST be attached</i>)	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: <i>(Must include official stamp)</i>		
	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.

Part 2 - Meningococcal Meningitis:	To be completed by the student
Instructions: <i>Please select one box in Section A below and sign and date in Section B</i>	
A.	<p>I have (for students under the age of 18: "My child" has):</p> <p><input type="radio"/> had a meningococcal immunization within the past 5 years. (date of vaccine; attach proof) / / </p>

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="radio"/>	read, or have had explained to me, the information regarding meningococcal disease. <i>I (my child) will obtain immunization against meningococcal disease within 30 days</i> from my private health care provider and will submit proof to Student Health Services at the City College of New York.
<input type="radio"/>	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.	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Student Signature (<i>Parent/Guardian Signature if student is under 18 years</i>)</p>	<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> / / </div> <p style="margin: 0;"><small>mm dd yyyy</small></p>
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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 or call us at 212-250-8222.