IMMUNIZATION RECORD

Students are responsible for obtaining an official translation of foreign records prior to submission.
You must also complete Part 2 - Meningococcal Vaccination Response on reverse side.

Student Information -- To be completed by the student --

<table>
<thead>
<tr>
<th>Name (please print):</th>
<th>Last name</th>
<th>First name</th>
<th>M.I.</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

Complete Address: ____________________________________________________________

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>EMPL ID #</th>
<th>Daytime phone</th>
<th>Email address</th>
</tr>
</thead>
<tbody>
<tr>
<td>mm / dd / yyyy</td>
<td>— — — — — — —</td>
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Information to Complete Immunization Requirements

Measles, Mumps, Rubella:
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 on or after January 1, 1957, who are registered for 6 or more credits (or its equivalent) regardless of degree or non-degree status at a CUNY campus. *Students born prior to January 1, 1957 are exempt from the measles, mumps, and rubella requirement.

ACCEPTABLE PROOF OF IMMUNITY MAY INCLUDE:
(1) Immunization cards from childhood (yellow card), signed and stamped.
(2) Immunization records from college, high school or other schools you attended.
(3) Signed and stamped immunization record from your health care provider or clinic.
(4) Proof of honorable discharge from the armed services within 10 years from the date of application will enable the student to attend school pending actual receipt of the immunization records from the armed services.

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 must be live vaccine and given no more than 4 days prior to first birthday.
   MMR (measles, mumps, rubella) – as combined dose.
   ○ Dose 1: No more than 4 days prior to first birthday, AND on or after January 1, 1972
   ○ Dose 2: At least 28 days after 1st vaccine
<table>
<thead>
<tr>
<th>month</th>
<th>day</th>
<th>year</th>
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○ Measles (Rubeola) Dose 1: Immunized on or after Jan. 1, 1968 and first birthday AND
○ Measles (Rubeola) Dose 2: Immunized at least 28 days after the first dose
○ Rubella Immunized after 1969 and on or after first birthday
○ Mumps Immunized after 1968 and on or after first birthday

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Titer (blood test) showing positive immunity (Dated lab results MUST be attached)
○ Measles, Mumps, Rubella

<table>
<thead>
<tr>
<th>month</th>
<th>day</th>
<th>year</th>
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<tbody>
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</table>

OR

B. Health care provider information: (Please include official stamp)

Name: ___________________________________ Address: ___________________________________

Signature: _______________________________ License #: ___________________ Phone : ( ) ____________

SHS-Marshak Science Building, J-15, 160 Convent Avenue, NY, NY 10031 T:212.650.8222 F:212.650.8227 e: shs@ccny.cuny.edu
**Part 2: Meningococcal Meningitis**

**To be completed by the student**

**Instructions:** Please check one box in Section A below and sign and date in Section B

<table>
<thead>
<tr>
<th>A.</th>
<th>I have (for students under the age of 18: “My child” has):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>o had meningococcal immunization within the past 5 years. The vaccine record is attached.</td>
</tr>
<tr>
<td></td>
<td>o 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.</td>
</tr>
<tr>
<td></td>
<td>o 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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B.</th>
<th>______________________</th>
<th>_____________________________________________________</th>
<th><strong><strong><strong>/</strong></strong></strong>/_______</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Student (Parent/Guardian Signature if student is under 18 years)</td>
<td>mm dd yyyy</td>
<td></td>
</tr>
</tbody>
</table>

[Note: The Advisory Committee on Immunization Practices recommends that all first-year college students up to age 21 years should have at least 1 dose of Meningococcal ACWY vaccine not more than 5 years before enrollment, preferably on or after their 16th birthday, and that young adults aged 16 through 23 years may choose to receive the Meningococcal B vaccine series. College and university students should discuss the Meningococcal B vaccine with a healthcare provider.]

**Additional information is also available on the following websites:**

- [www.health.state.ny.us](http://www.health.state.ny.us) (New York State Department of Health)
- [http://www.cdc.gov/vaccines/vpd-vac/](http://www.cdc.gov/vaccines/vpd-vac/) (Centers for Disease Control and Prevention)

**TO SUBMIT IMMUNIZATION RECORDS**

**BY MAIL:** SHS – Marshak Science Building, 160 Convent Avenue, New York, NY 10031

**BY FAX:** (212) 650-8227

**BY EMAIL:** shs@ccny.cuny.edu

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**For Office of Health Services Staff Use Only**

Processed by:

Staff Name: ___________________________  Staff Signature: ______________________  Date:________________

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