



CERTIFICATE OF IMMUNIZATION
(must complete Part I and Part II)

Name:	Date of Birth:
Phone:	Student ID#:
Address:	

Important: Failure to submit these immunization requirements within the first 30 days of a semester will result in a classroom restriction.

PART I: New York State Public Health Law 2165 requires all students born after 1956 and enrolling for 6 or more credit hours to prove immunity to measles, mumps, and rubella (MMR). Vaccination must be administered on or after the first birthday, and a minimum of 28 days apart. Exceptions to this requirement will be made for students with genuine and sincere religious beliefs contrary to immunization or for those for whom immunization is medically contraindicated.

MEASLES, MUMPS, RUBELLA (MMR) IMMUNIZATIONS	OR: SEROLOGY RESULTS PROVING IMMUNITY
MMR date 1: _____ / _____ / _____	Measles titer date: _____ / _____ / _____
MMR date 2: _____ / _____ / _____	Result: _____ (attach lab results)
Measles #1: _____ / _____ / _____	Mumps titer date: _____ / _____ / _____
Measles #2: _____ / _____ / _____	Result: _____ (attach lab results)
Mumps vaccine date: _____ / _____ / _____	Rubella titer date: _____ / _____ / _____
Rubella vaccine date: _____ / _____ / _____	Result: _____ (attach lab results)

PART II: New York State Public Health Law 2167 requires that all college and university students enrolled in 6 or more credit hours provide a completed meningococcal meningitis response form. Please read the fact sheet provided regarding meningococcal meningitis and/or visit www.cdc.gov/meningitis for additional information.

MENINGITIS VACCINATION INFORMATION AND RESPONSE	
Must check one box and sign below:	
<input type="checkbox"/>	I have had the meningococcal vaccination within the past 5 years Date of vaccination: _____ / _____ / _____ (must attach record of vaccination)
<input type="checkbox"/>	I have read or had explained to me the information regarding meningococcal disease. I understand the risk of not receiving the vaccine. I will not obtain immunization against meningococcal disease.
Signed: _____	Date: _____
(Student Signature or Parent/Guardian if student is under 18 years old)	

Signature/Stamp of Health Care Provider: _____	Date: _____
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Please submit this form or an official copy of your immunization records to:
Onondaga Community College / Immunizations / 4585 W. Seneca Turnpike / Syracuse, NY 13215 / 315-498-2000 / Fax: 315-469-9270