

CERTIFICATE OF IMMUNIZATION

(Please complete Parts I & II with your Healthcare Provider)

First Name:	Last Name:
Date of Birth:	Student ID#:

Failure to submit these immunization requirements will result in a classroom restriction.

PART I: New York State PHL 2165 requires all students born after 1956 and enrolled for 6 or more credit hours to prove immunity to measles, mumps, and rubella (MMR). Vaccinations must be administered on or after the first birthday, and a minimum of 28 days apart. Exceptions 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)
Physician Signature: _____ Stamp: _____ Date: _____	

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 response. Please visit www.cdc.gov/meningitis for additional information.

Check one box and complete requested information:

A: Meningitis Vaccination – recommended (1 Dose Men ACWY or 2 doses Meningococcal B)
<input type="checkbox"/> I have attached the meningococcal vaccination record received within the past 5 years
Meningococcal Vaccination Date(s) ____ / ____ / ____ ____ / ____ / ____ <i>(administered in the past 5 years – must attach vaccine record)</i>

OR

B. Meningitis Vaccination Declination
<input type="checkbox"/> I have read, or had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that I (my child) will not obtain immunization against meningococcal /meningitis disease.
Signature _____ Date _____ (For students under the age of 18, a parent or guardian must sign)