



CERTIFICATE OF IMMUNIZATION

Name: _____ M00#: _____
Birthdate: _____ Phone: _____
Residence Hall Student: _____ Address: _____

- New York Public Health Law requires all students born after 1956 and enrolling for 6 credit hours or more to prove immunity to measles, mumps, and rubella.
- Two measles, one mumps and one rubella immunization OR serology demonstrating proof of immunity to measles, mumps and rubella are required.
- All immunizations must be administered after 1967, 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 whom immunizations are medically contraindicated.
- Proof of the required immunizations must be provided to Health Services or students will be restricted from class, future registration or receiving of grades.
- This particular form is not mandatory-any official copy of the student's immunization records (along with a signed meningitis declination if not vaccinated within 5 years) is accepted.

MEASLES, MUMPS and RUBELLA VACCINES

1. MMR #1: _____ MMR#2 _____

If single antigen vaccine was given, please list dates below:

- Measles # 1: _____ Mumps: _____
- Measles # 2: _____ Rubella: _____

OR

2. **POSITIVE SEROLOGY**- If a student has proof of valid doses of the required vaccines- titers are not required nor recommended. If titer is negative or equivocal, student requires two MMR doses 28 days apart.

- Measles IgG immune titer date: _____ Result: _____
- Rubella IgG immune titer date: _____ Result: _____
- Mumps IgG immune titer date: _____ Result: _____

3. SIGNATURE/STAMP OF HEALTH CARE PROVIDER: _____ Date: _____

MENINGITIS VACCINE INFORMATION and RESPONSE

New York Public Health Law requires *colleges* to provide all students with information on meningitis disease and the meningitis vaccines and for *students* to then either:

- Show proof of having had the Meningitis ACWY vaccine within the past five years prior to college entry.

Date of Meningococcal ACWY vaccine within the past 5 years: _____

SIGNATURE/STAMP OF HEALTH CARE PROVIDER: _____

OR

- Make an informed decision to decline the immunization. **I have decided that I will not obtain immunization against meningococcal disease.** I understand this does not prevent me from receiving the vaccine in the future. I have read, or have had explained to me, the information regarding meningococcal disease. I understand the risks of not receiving the vaccine.

STUDENT (PARENT IF UNDER AGE 18) SIGNATURE: _____

More information is available from the NYS Department of Health at health.ny.gov/publications/2168, in the health services office or on the Health Services website at monroecc.edu/depts/stuhealth.