

Immunization Form

NYSID ID No _____

Name _____ Date of Birth _____

Address _____

HEALTH CARE PROVIDERS COMPLETE THIS SECTION

All of section A or section B below must be completed by a health care provider.

Section A: MMR (Measles, Mumps, and Rubella)

Month / Day / Year

_____ 1st MMR DOSE: Administered after the first birthday AND after 1/1/1972

AND

_____ 2nd MMR DOSE: or 2nd Live Virus Measles Dose:

Administered at least 28 days after 1st dose

_____ / _____ / _____

Section B-PART 1: MEASLES

Month / Day / Year

_____ 1st Live Virus Dose: Administered after first birthday

AND

_____ 2nd Live Virus Dose: Administered at least 28 days after 1st dose

OR

_____ History of Illness documented by Health Care Provider

OR

_____ Immunity Proven by Serologic Testing – **MUST SUBMIT COPY OF LAB REPORT**

_____ / _____ / _____

Section B-PART 2: MUMPS

Month / Day / Year

_____ Live Virus Dose: Administered after first birthday AND after 1/1/1969

OR

_____ History of Illness documented by Health Care Provider

OR

_____ Immunity Proven by Serologic Testing – **MUST SUBMIT COPY OF LAB REPORT**

_____ / _____ / _____

Section B-PART 3: RUBELLA (German Measles)

Month / Day / Year

_____ Live Virus Dose: Administered after first birthday AND after 1/1/1969

OR

_____ Immunity Proven by Serologic Testing – **MUST SUBMIT COPY OF LAB REPORT**

Note: History of Illness is NOT acceptable

_____ / _____ / _____

Healthcare Provider (Please sign, date, and stamp)

Name _____ Signature _____

Address _____ Phone No _____

Date _____

Measles, Mumps, and Rubella Requirements

New York State Public Health Law (NYS PHL) § 2165 mandates that all students born on or after January 1, 1957, must be immunized against measles, mumps, and rubella. Students must submit proof of immunization or laboratory results indicating immunity against measles, mumps, and rubella if registering for 6 or more credits regardless of degree or non-degree status at NYSID.

Proof of age must be submitted for those born before January 1, 1957.

Requirements:

TWO measles vaccines given after 1968; on or after first birthday; and at least 28 days apart.
ONE mumps vaccine given on or after first birthday and dates 1969 or later.
ONE rubella vaccine given on or after first birthday and dates 1969 or later.

OR

TWO MMR vaccines given after 1972; on or after first birthday; and at least 28 days apart.

OR

Blood Test (MMR titer) showing immunity to measles, mumps, and rubella. Original lab report must be submitted along with the signature and stamp of the healthcare provider.

OR

Proof of disease or measles/mumps with complete date (month, day, year) confirmed by a licensed healthcare provider.

NOTE:

Students taking 5 or less credits: If you register for 6 or more credits in a future semester, you will be required to submit your records under the NYS PHL 2165. Students taking only online courses: If you register for any onsite courses (courses that do not have DL as a section), and are registered for 6 or more credits, you will be required to submit your records under the NYS PHL 2165. It is recommended that all students, regardless of status or credit amount, should submit the documents to avoid having a hold placed on their student accounts in the future.

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
4. Copy of lab report, (also known as titer or serology) showing immunity to measles, mumps and rubella.