

Student Immunization Record Form

PLEASE RETURN TO:

Office of Admissions
Westchester Graduate Campus
Long Island University
735 Anderson Hill Road
Purchase, NY 10577-1402

NAME _____ SOCIAL SECURITY # _____

HOME ADDRESS _____

_____ DATE OF BIRTH _____

NYS Public Health Law 2165 **requires** post-secondary students to show protection against Measles, mumps and rubella. Persons born prior to January 1, 1957 are exempt from this requirement.

REQUIRED: Measles (rubeola) Immunity - Must have one of the following:

1. TWO dates of Measles Immunization: (1) _____ (2) _____
Both must be given after 1967 **AND** the first birthday and the second on or after 15 months of age.
2. Date of Measles Titer _____ Results _____
3. Date of diagnosed measles disease _____
AND signature of the diagnosing physician _____

REQUIRED: Rubella (German Measles) Immunity - Must have one of the following:

1. Date of at least one rubella immunization: (1) _____ (2) _____
Must be on or after the first birthday.
2. Date of Rubella Titer _____ Results _____
Physician's diagnosis is **NOT** acceptable.

REQUIRED: Mumps Immunity - Must have one of the following:

1. Date of at least one mumps immunization: (1) _____ (2) _____
Must be on or after first birthday.
2. Date of Mumps Titer _____ Results _____
3. Date of physician diagnosed mumps disease _____
AND signature of diagnosing physician _____

PLEASE NOTE: MMR vaccine is recommended for all measles vaccine doses to provide increased protection against all three vaccine preventable diseases: Measles, Mumps, Rubella.

Signature of Health Provider _____ Date _____

Address _____

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REQUIRED: TO BE COMPLETED AND SIGNED BY STUDENT

MENINGOCOCCAL (One dose within 10 years recommended by NYS PHL §2167)

Quadrivalent polysaccharide vaccine (Menomune™) Date $\frac{\quad}{m} / \frac{\quad}{y}$ $\frac{\quad}{m} / \frac{\quad}{y}$

I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I will obtain immunization against meningococcal meningitis **within 30 days** of the beginning of the next semester.

I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that I will **not** obtain immunization against meningococcal meningitis disease.

Student Signature _____ Date _____

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