

(REQUIRED)

TO BE COMPLETED ONLY BY PHYSICIAN, P.A. OR N.P.

MANDATED BY NEW YORK STATE LAW

New York State Law requires all students attending its colleges and universities who were born on or after JANUARY 1, 1957, TO BE IMMUNIZED AGAINST Measles, Mumps and Rubella. TWO immunizations against Measles, and One each against Mumps and Rubella are required All Immunizations must have been live vaccines

Please obtain a signed and stamped immunization history from your physician. If you do not have the proper immunizations, you may get them from your own physician or the Department of Health. Please forward the documentation to:

M/F

LIU Brentwood Main Office 1001 Crooked Hill Road Brentwood, NY 11717 Phone: (631) 287-8500 Fax: (631) 287-8575

Student's Last Name	First Name		Middle	Gender
Student's ID/SS#	Date of Birth			
IMMUNIZATIONS-Physician, p	llease give comp	olete dates (Month/Day/Yea	r)	
	Date(s) of Immunization		Date of Disease	
MMR	1st	2nd		*A copy of the
Measles	1st	2nd		Actual laboratory
Mumps				report must be
Rubella				attached for any
Menomune Menactra Menveo				Titre result(s) to
				Be accepted.
PHYSICIAN'S SIGNATURE				
(REQUIRED)	DATE			
PRINT NAME (REQUIRED)				
ADDRESS & Office Stamp				