Dear LIU Post Student:

In accordance with N.Y. State Law, LIU Post requires students who were born after December 31, 1956 to submit an immunization record. This proof consists of either documentation of receipt of vaccine, serological proof of immunity (copy of the actual laboratory report) or proof from the treating doctor of having had Measles or Mumps. For Rubella, only proof of having had the vaccine or laboratory report demonstrating immunity can be accepted as the State does **not** accept a report of disease for Rubella.

N.Y. State residents are allowed 30 days and non N.Y. State resident students 45 days from the start of classes to complete this requirement. All on-campus resident students and athletes **MUST** also submit a completed Health form including TST (I.D. Mantoux) test done within the last 12 months.

According to our records you have not yet submitted the required documentation. If you are getting your immunization record from a school you previously attended it must be on the school stationery with the official school stamp and signed by an appropriate medical professional.

Failure to comply with these requirements will adversely affect your registration status.

Please forward the documentation to:

LIU Post
Medical Services - Life Science Bldg., Room 154
720 Northern Blvd., Brookville, N.Y. 11548-1300
Phone: (516) 299-2345 • Fax: (516) 299-4113

DO NOT DETACH

IMMUNIZATION HISTORY
(To be completed **ONLY** by your **PHYSICIAN, NURSE PRACTITIONER OR PHYSICIAN'S ASSISTANT**)

STUDENT NAME_____ MALE _____FEMALE _____

STUDENT I.D.# _____BIRTHDATE _____ E-Mail _____

COMPLETE DATES (Month/Day/Year) of Immunizations   **OR**   Dates**(M/D/Y)** of Disease   OR Titre*

	Date(s) of Immunization		Date of Disease	Titre*
MMR	1st	2nd		***MUST attach**
MMR Vz	1st	2nd		**a copy of**
Varicella	1st	2nd		**actual laboratory**
Rubeola				**report for any**
Mumps				**titre result(s)**
Rubella			NOT acceptable	
Menomune/Menactra				

Physician's Signature _____ **M.D. Reg#_____**

Print Name _____ Date _____

Address & Office Stamp **(REQUIRED):**