

STUDENT IMMUNIZATION RECORD FORM

Name _____

Home Address _____

Social Security Number: _____ Date of Birth _____

NYS Public Health Law 2165 now requires post-secondary students to show protection against measles, mumps and rubella. Persons born before 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 after the first birthday and the second on or after 15 months of age.
2. Date of Measles Titer _____ Results _____
3. Date of physician 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 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, and rubella.

RECOMMENDED VACCINES AND TESTING:

- Date of last Tetanus (Td) booster
Should be given every 10 years.
- TB Skin Test: Date _____ Type _____ Results _____

Signature of Health Practitioner

Date