

IMMUNIZATION RECORD

Immunization records are required prior to registration

Please complete this form and return it to A-334C(Health Services Office), D-101E(Wellness Office), Fax it to 718-518-6659

*Document must be legible to be processed. Students are responsible for obtaining an official translation of foreign records prior to submission. *Students born prior to January 1, 1957 are exempt from the measles, mumps, and rubella requirement. All students registering for 6 credits or more (or its equivalent) must also complete Part 3 - Meningococcal Vaccination Response on reverse side.*

Part 1: Student Information				-- To be completed by the student --			
Name (please print) _____							
		Last name	First name		Middle Initial		
Date of Birth	EMPL ID #	Daytime phone	Email address				
____/____/____ <i>mm dd yyyy</i>	-----	() _____	_____				

Information to Complete Immunization Requirements

Measles, Mumps, Rubella:

New York State Public Health Law 2165 requires all students entering a post-secondary institution to provide their health services center with proof of immunity to measles, mumps and rubella. This law applies to students born on or after January 1, 1957, who are registered for 6 or more credits (or its equivalent) regardless of degree or non-degree status at a CUNY campus.

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 or clinic. Note: Immunization records obtained from a public health department immunization information system. Students born after 1994 who were raised in New York City can check the Citywide Immunization Registry for their records by calling 311.
- (4) Copy of lab report, (also known as titer or serology), showing immunity to measles, mumps and rubella.
- (5) Proof of honorable discharge from the armed services within 10 years from the date of application will enable the student to attend school pending actual receipt of the immunization records from the armed services.

****If you attended a CUNY college, your immunization record will be available at your new school****

Part 2: Immunization History				-- To be completed by a health care provider -- *Documentation must be included*					
Provider: All dates must include month, day, and year. Please mark an (X) in the appropriate boxes									
A.	Measles, mumps and rubella must be live vaccine and given no more than 4 days prior to first birthday.						month	day	year
	MMR (<i>measles, mumps, rubella</i>) – if given as combined dose instead of individual vaccine.								
	<input type="checkbox"/> Dose 1: No more than 4 days prior to first birthday, AND on or after April 23, 1971 <input type="checkbox"/> Dose 2: At least 28 days after 1 st vaccine								
O R	<input type="checkbox"/> Measles (Rubeola) Dose 1: Immunized on or after Jan. 1, 1968 and first birthday AND								
	<input type="checkbox"/> Measles (Rubeola) Dose 2: Immunized at least 28 days after the first dose								
	<input type="checkbox"/> Rubella Immunized after 1969 and on or after first birthday								
	<input type="checkbox"/> Mumps Immunized after 1968 and on or after first birthday								
O R	Titer (blood test) showing positive immunity (<i>Dated lab results MUST be attached</i>)						month	day	year
	<input type="checkbox"/> Measles								
	<input type="checkbox"/> Mumps								
	<input type="checkbox"/> Rubella								
B.	Health care provider information: (Include official stamp)								
	Name: _____				Address: _____				
Signature: _____		License #: _____		Phone :() _____					

New York State Public Health Law requires that all college and university students enrolled for at least six (6) semester hours or the equivalent per semester, or at least four (4) semester hours per quarter, complete and return the following form to [enter name of college/university health center].

Part 3: Meningococcal Meningitis	To be completed by the student
Instructions: <i>Please check one box in Section A below and sign and date in Section B</i>	
A.	<p>I have (for students under the age of 18: My child has):</p> <p><input type="checkbox"/> had meningococcal immunization within the past 5 years. The vaccine record is attached.</p> <p>[Note: The Advisory Committee on Immunization Practices recommends that all first-year college students up to age 21 years should have at least 1 dose of Meningococcal ACWY vaccine not more than 5 years before enrollment, preferably on or after their 16th birthday, and that young adults aged 16 through 23 years may choose to receive the Meningococcal B vaccine series. College and university students should discuss the Meningococcal B vaccine with a healthcare provider.]</p> <p><input type="checkbox"/> read, or have had explained to me, the information regarding meningococcal disease. I (my child) will obtain immunization against meningococcal disease within 30 days from my private health care provider.</p> <p><input type="checkbox"/> read, or have had explained to me, the information regarding meningococcal disease. I understand the risks of not receiving the vaccine. I have decided that I (my child) will not obtain immunization against meningococcal disease.</p>
B.	<p>_____ / ____ / ____</p> <p>Student/ Parent Signature if student is under 18 years. mm dd yyyy</p>

How do I get more information about meningococcal disease and vaccination?

- Contact your primary care provider or Student Health Services at 718-518-6542 or the Wellness Office at 718-518-4483:

Additional information is also available on the following websites:

- www.health.state.ny.us (New York State Department of Health)
- <http://www.cdc.gov/vaccines/vpd-vac/> (Centers for Disease Control and Prevention)
- www.acha.org (American College Health Association)

TO SUBMIT IMMUNIZATION RECORDS:

Mail to: Hostos Community College Immunizations, 120 East 149th Street, D-101E, Bronx, NY 10451
Fax to: (718)518-6659, Attn: Maria Vasquez, RN
Email: immunization@hostos.cuny.edu (PDF files only). Submit all necessary documentation together, incomplete submissions will not be accepted.

Part 4: For Office of Health Services Staff Use Only		
Processed by: _____	rec: _____	ent: _____
Staff Name: _____	Staff Signature: _____	Date: _____