

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), or scan and email it to immunization@hostos.cuny.edu

*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 registering students must complete Part 1- Student Information and 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 (measles, mumps, rubella) – 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 copy of lab report must be stamped and attached.</i>					month	day	year
	Titer (blood test) showing positive immunity (<i>Dated lab results MUST be attached</i>)							
	<input type="checkbox"/> Measles							
	<input type="checkbox"/> Mumps							
<input type="checkbox"/> Rubella								
B.	Health care provider information: (<i>Include official stamp</i>)							
	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 Student Health Services Room A334-C, 475 Grand Concourse Bronx, NY 10451

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 style="padding-left: 40px;">had meningococcal immunization within the past 5 years (2016 or after). The vaccination 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 style="padding-left: 40px;">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>_____ Today's Date _____ / _____ / _____</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, Student Health Services at 718-518-6542 or visit our website at: www.hostos.cuny.edu.

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)

TO SUBMIT IMMUNIZATION RECORDS:

All documents must be uploaded to the CUNY First Document Repository, see link below.

https://cunyithelp.cuny.edu/csp?id=kb_article&sys_id=9f55eace1b830d103302fe60cd4bcbdd

Do not send documents via email, it is not HIPPA compliant. Inform Health Services once you have uploaded your documents to CUNY First by emailing the Health Services Office here:

immunization@hostos.cuny.edu

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