MONROE UNIVERSITY

MANDATORY IMMUNIZATION RECORD VERIFICATION FORM

NYS Public Health law requires that these forms must be completed in order to attend Monroe University.

TO BE COMPLETED AND SIGNED BY A HEALTH CARE PROVIDER (Dates must include Month, Day, Year)

Name (Last, First, Middle) _____

Date of Birth _____ Age _____ University ID # _____

Current Address _____

City _____ State _____ Zip _____

Student Signature _____ Date _____
(Parent or Guardian if student is a minor)

NEW YORK STATE, PUBLIC HEALTH LAW, CHAPTER 2165 requires all students to provide Monroe University with proof of immunity to measles, mumps and rubella (MMR). Students born prior to January 1, 1957 are exempt from this requirement. Proof of immunity is defined as 2 combined MMR vaccines, or 2 doses of measles vaccine and 1 dose each of rubella and mumps vaccine. The first dose must be no more than 4 days prior to the students first birthday and the second at least 28 days after the first dose. Acceptable forms of proof include:

1. Childhood immunization records showing the exact dates of your vaccines or
2. Positive blood test for immunity (titers) or
3. This form completed by your health care provider, dated, signed and stamped or
4. Immunization records from college, high school, or the armed forces.

MMR (Measles, Mumps, Rubella — Combined) Vaccine _____ /_____ /_____   _____ /_____ /_____
OR   MM   DD   YYYY   MM   DD   YYYY

Measles (Rubeola) Immunity: Complete all that apply:

☐ Two doses of live measles vaccine: _____ /_____ /_____   _____ /_____ /_____

☐ Date of immune measles titer & result: _____ /_____ /_____   _____
                                                                    Result

☐ Date of physician diagnosed measles disease: _____ /_____ /_____
                                                 MM   DD   YYYY

Mumps Immunity: Complete all that apply:

☐ One dose of mumps vaccine _____ /_____ /_____

☐ Date of immune mumps titer & result: _____ /_____ /_____   _____
                                                                  Result

☐ Date of physician diagnosed mumps disease: _____ /_____ /_____
                                               MM   DD   YYYY

Rubella (German Measles) Immunity: Complete all that apply:

☐ One dose of rubella vaccine: _____ /_____ /_____

☐ Date of immune rubella titer & result: _____ /_____ /_____   _____
                                          MM   DD   YYYY   Result

*A Rubella titer is the only permissible evidence that is an alternative to immunization. Rubella rashes resemble rashes of other diseases and it is impossible to diagnose reliably.

Health Care Provider: _____ Signature & Stamp: _____
                       (Please Print)   (Mandatory Signature and Stamp)

Date: _____ License # _____ Phone # _____
       MM/DD/YYYY