## COLLEGE

NOTE: Public Health Law 2165 now requires post-secondary students to show protection against measles, mumps, and rubella. Persons born prior to January 1, 1957 are exempt from this requirement.

Last name
First name

| Address | City | State | Zip |
| :---: | :---: | :---: | :---: |
| Date of Birth | Academic Program |  | $\square$ Day <br> $\square$ Evening <br> $\square$ Weekend |

A. PLEASE NOTE: MMR vaccine is recommended to provide increased protection against all three vaccine-preventable diseases: measles, mumps and rubella.
Dates MMR doses administered:
$1^{\text {st }}$ $\qquad$
$\qquad$
IF TWO DOSES OF MMR NOT GIVEN, HEALTH PRACTIONER MUST COMPLETE SECTIONS B, C, AND D.
B. REQUIRED: Measles (Rubeola) Immunity must have one of the following:

1. Two dates of Measles Immunizations: (1) $\qquad$ (2) $\qquad$
Both must be given after 1967 AND the first after the first birthday and the second on or after 15 month of age.
Or
2. Date of Measles Titer: $\qquad$ Immune $\square$ Yes
No
Or
3. Date of physician diagnosed Measles disease $\qquad$
AND signature of diagnosing physician
C. REQUIRED: Rubella (German Measles) Immunity - Must have one of the following:
4. Date of at least one Rubella immunization: (1) $\qquad$ (2) $\qquad$ (Must be on or after the first birthday)
5. Date of Rubella Titer: $\qquad$ Immune $\square$ YesNo (Physician diagnosis of Rubella is not acceptable)
D. REQUIRED: Mumps Immunity - Must have one of the following:
6. Date of at least one Mumps immunization: (1) $\qquad$ (2) $\qquad$
(Must be on or after the first birthday)

$\square$ No
7. Date of Mumps Titer: $\qquad$Or
8. Date of physician diagnosed Mumps disease $\qquad$
AND signature of diagnosing physician $\qquad$

Signature of Doctor

Printed Name of Doctor

License \#

Date

