

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 | | f Birth | Academic Program | | □ Day □ Evening □ Weekend |
| | vac Dat | EASE NOTE: MMR vaccine is recommende cine-preventable diseases: measles, mump es MMR doses administered: 2 nd | os and rubella. | orotection against all thre | 96 |
| IF | ΓWC | D DOSES OF MMR <u>NOT</u> GIVEN, HEALTH | PRACTIONER MUST | COMPLETE SECTIONS | B, C, AND D. |
| В. | RE | QUIRED: Measles (Rubeola) Immunity mus | st have one of the follow | ing: | |
| 0 | 1. | Two dates of Measles Immunizations: (Both must be given after 1967 AND the first age. | 1)st after the first birthday | _ (2) and the second on or af | ter 15 month of |
| <u>Or</u> | 2. | Date of Measles Titer: | Immune □ Yes | □ No | |
| <u>Or</u> | 3. | Date of physician diagnosed Measles dise | ease | | |
| <u>AN</u> C. | <u>D</u> si | gnature of diagnosing physician | nity – Must have one of | the following: | |
| | 1. | Date of at least one Rubella immunization (Must be on or after the first birthday) | n: (1) | (2) | |
| | 2. | Date of Rubella Titer:(Physician diagnosis of Rubella is not acc | | □ No | |
| | | QUIRED: Mumps Immunity – Must have on Date of at least one Mumps immunization (Must be on or after the first birthday) | | _ (2) | |
| <u>Or</u> <u>Or</u> | 2. | Date of Mumps Titer: | Immune □ Yes | □ No | |
| | 3. | Date of physician diagnosed Mumps disea | ase | <u> </u> | |
| <u>AN</u> | D si | gnature of diagnosing physician | | | |
| Sig | natı | ure of Doctor | Licer | nse # | |
| Printed Name of Doctor | | | Date | | |