

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. Please complete and return the form to Maria College.

Last name			First name		
Address Date of Birth		S	City	State	Zip Day Evening Weekend
		f Birth	Academic Program		
	vac	EASE NOTE: MMR vaccine is recommended cine-preventable diseases: measles, mumps es MMR doses administered: 2 nd	s and rubella.	protection against all thr	ree
IF '	TWO	D DOSES OF MMR <u>NOT</u> GIVEN, HEALTH	PRACTIONER <u>MUST</u>	COMPLETE SECTION	S B, C, AND D.
В.	RE	QUIRED: Measles (Rubeola) Immunity must	t have one of the follow	ing:	
<u>Or</u>		Two dates of Measles Immunizations: (1 Both must be given after 1967 AND the first age.) t after the first birthday	_ (2) and the second on or a	fter 15 month of
	2.	Date of Measles Titer:	Immune D Yes	□ No	
<u>Or</u>	3.	Date of physician diagnosed Measles dise	ase		
<u>AN</u> C.	<u>D</u> s RE	ignature of diagnosing physician QUIRED: <u>Rubella (German Measles) Immun</u>	<u>iity</u> – Must have one of	the following:	
	1.	Date of at least one Rubella immunization: (Must be on or after the first birthday)	(1)	_ (2)	
	2.	Date of Rubella Titer: (Physician diagnosis of Rubella is not acce	_ Immune □ Yes eptable)	□ No	
	1.	QUIRED: Mumps Immunity – Must have one Date of at least one Mumps immunization: (Must be on or after the first birthday)	e of the following: (1)	_ (2)	
<u>Or</u> Or	2.	Date of Mumps Titer:	Immune D Yes	□ No	
	3.	Date of physician diagnosed Mumps disea	se	_	
<u>AN</u>	<u>D</u> s	ignature of diagnosing physician			
Sig	nati	ure of Doctor	Licer	se #	
Printed Name of Doctor			Date		