

State University of New York Student Health Services Old Westbury, New York 11568-0210 Tel: (516) 876-3250 Fax: (516) 876-3142

Immunization Form

NEW YORK STATE PUBLIC HEALTH LAW 2165 requires college students to show proof of immunity to **measles, mumps**, and **rubella**. Any person born prior to 1/1/57 is exempt from this requirement. LAW 2167 states that students may be immunized against **meningitis or must sign the statement below***. This documentation must be on file at the Student Health Services.

NAME	MAIDEN NAME	
DATE OF BIRTH//Student ID or S.S.#	PHONE ()
ADDRESS	TOWN/CITY	STATE/ZIP
REQUIRED IMMUNIZATIONSALI	L DATES MUST INCLUDE MONT	H, DAY, AND YEAR
MEASLES (RUBEOLA) IMMUNITY REQUIREDmu 1. TWO DATES OF MEASLES IMMUNIZATIONS (1)_ Both must have been given after 1/1/68 and on or after 1 2. DATE OF MEASLES TITER (ATTACH COPY OF L	first birthday. (2)	
MUMPS IMMUNITY REQUIREDmust have one of th 1. DATE OF ONE MUMPS IMMUNIZATION Must be after 1/1/69 and on or after first birthday. 2. DATE AND RESULTS OF MUMPS TITER (ATTACK)		
RUBELLA (GERMAN MEASLES) IMMUNITY REQU 1. DATE OF ONE RUBELLA IMMUNIZATION Must have been given after 1/1/69 and on/or after first bi 2. DATE AND RESULTS OF RUBELLA TITER (ATTAC	irthday.	
Or MMR (MEASLES, MUMPS, RUBELLA COMBIN (MUST BE A	NATION) #1#2 AT LEAST 31 DAYS APART)	
*STUDENT ONLY: If student chooses not to be vaccinated, in read (www.oldwestbury.edu and choose Student Health) or have disease. I understand the risks of not receiving the vaccine. I have meningitis disease.	e had explained to me, the information	on regarding meningococcal meningit
Student's signature	Parent/Guardian (if under 18)	
Recommended: TUBERCULOSIS SKIN TEST ADMINISTERED (Any POSITIVE result MUST have report of Ch TETANUS or TDAP	nest X-ray attached)	
TETANUS or TDAP HEPATITIS A VACCINE #1 #2 HEPATITIS B VACCINE #1 #2 VARICELLA (Chicken Pox) VACCINE MENINGITIS VACCINE HPV VACCINE #1 #2	2 #3* (within	the last 10 years)
HPV VACCINE #1 #2	#3	

SIGNATURE & STAMP OF HEALTH CARE PROVIDER REQUIRED DATE MUST BE VALIDATED BY OFFICIAL STAMP OR ATTACHED TO OFFICIAL LETTERHEAD OF HEALTH CARE PROVIDER