SUNY Ulster/ Ulster County Community College
College Health Services Room 139 Senate Gymnasium
Tel. 845 687- 5246 Fax 845 687- 5259

Immunization Form

Name_____
Last First MI
Address_____
Street City State Zip
Date of Birth_______________ College ID # _____-_____-_____
Mo. Day year

Meningitis Reply Form

This section is to be completed and signed by the student or student's parent/guardian if under age 18.

1. If you have received a meningitis vaccine please provide a copy of the record for the vaccine, or have your health care provider give the date given and sign the back of this form.

2. I have read or have had explained to me, the enclosed information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that I (my child) will not obtain the meningitis vaccine at this time.

Signed _____ Date_____
Signature of student (parent or guardian if student is under the age of 18)

Measles, Mumps Rubella (MMR) Proof of Immunization Form Part 1.

New York State Public Health Law 2165 was passed in 1990 following an outbreak of measles on college campuses in 1989. This law requires that all college students who take 6 or more credits, and who were born in 1957 or later must supply the college with proof of immunity for measles, mumps and rubella. Proof of immunity consists of two doses of measles, one mumps, and one rubella vaccine, or immune bloodwork (titers.)

Veterans who have honorable discharges within the last ten years may receive a waiver while records are sought. Vaccines for measles must be from 1968 or later unless designated live vaccines. Mumps vaccines from 1969 and later and rubella vaccines from 1969 and later are acceptable doses. Pregnant women cannot receive vaccines, they must have bloodwork done. Contact the Health Office if you feel that you have a medical or religious exemption so that proper documentation may be provided. Vaccine dates may be obtained in a print-out form from your high school or doctor and attached to this form.

If you have no record of vaccination your doctor can do blood titers, or you may need to be re-immunized. Call us for information on where to receive free MMR vaccines. If your health provider completes the back of this form please be sure the form is stamped and any titers includes lab results.

Please note that since this requirement is part of the N.Y. State public health law, this form must be on file in the Health Services Office in order for you to remain in classes. If you do not complete all requirements you may be withdrawn from classes and you will be liable for tuition payments and fees as assessed. Students born before 1957 or taking less than 6 credits, or online only courses do not have to provide MMR information. The meningitis reply form is required from all students. Vaccine information for meningitis is provided on a separate page.

MMR Part 2 → over

Proof of Immunization Form/ Part 2.

Student's Name _____
Last First Middle I.

Students may attach official records from health providers or schools or see your doctor for a record of immunization.

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MMR 1st vaccine date_____ MMR 2nd vaccine date_____

MEASLES (RUBEOLA) IMMUNITY (complete one item)

Live vaccines were administered after 1967. The first measles vaccine was given at or after 12 months of age and the second was at or after 15 months of age, and at least 28 days after the first vaccine.

First vaccine date _____ Second vaccine date _____

The student has a positive rubeola titer. A copy of the lab report is attached. _____
Date

MUMPS IMMUNITY (complete one item)

Vaccine Date _____ Positive titer _____
Attach lab report. Date

RUBELLA/ GERMAN MEASLES IMMUNITY (complete one item)

Vaccine Date _____ Positive titer _____
Attach lab report. Date

Meningitis vaccine date_____

HEALTH CARE PROVIDER INFORMATION

Print Name & Title _____

Signature_____

Address _____

Phone _____

STAMP: