



IMMUNIZATION RECORD

Immunization records are required prior to registration

Please complete this form and return it to

Queens College, Health Service Center, 6530 Kissena Blvd, Frese Hall 3rd Floor, Queens, N.Y. 11367
or email: healthquestions@qc.cuny.edu, or fax: 718-997-2765.

*Document must be legible to be processed. Students are responsible for obtaining an official translation of foreign records prior to submission. *Students born prior to January 1, 1957 are exempt from the measles, mumps, and rubella requirement. All students must complete Part 3 & 4 - Meningococcal Vaccination Response on reverse side.*

Part 1: Student Information				-- To be completed by the student --			
Name (please print) _____							
<i>Last name</i>		<i>First name</i>		<i>Middle Initial</i>			
Date of Birth	EMPL ID #	Daytime phone	Email address				
____/____/____ <i>mm dd yyyy</i>	_____	() _____	_____				

Information to Complete Immunization Requirements

Measles, Mumps, Rubella:

New York State Public Health Law 2165 requires all students entering a post-secondary institution to provide their health services center with proof of immunity to measles, mumps and rubella. This law applies to students born on or after January 1, 1957, regardless of degree or non-degree status at a CUNY campus.

ACCEPTABLE PROOF OF IMMUNITY MAY INCLUDE:

- (1) Immunization cards from childhood (yellow card), signed and stamped by the medical provider.
- (2) Official immunization records from college, high school or other schools you attended.
- (3) Signed and stamped immunization record from your health care provider or clinic.
- (4) Copy of lab report, (also known as titer or serology), showing immunity to measles, mumps and rubella.

****If you attended a CUNY college, your immunization record will be available at your new school****

Part 2: Immunization History				-- To be completed by a health care provider -- *Documentation must be included*					
Provider: All dates must include month, day, and year. Please mark an (X) in the appropriate boxes									
A.	Measles, mumps and rubella must be live vaccine and given no more than 4 days prior to first birthday.						month	day	year
	MMR (<i>measles, mumps, rubella</i>) – if given as combined dose instead of individual vaccine.								
	<input type="checkbox"/> Dose 1: No more than 4 days prior to first birthday, AND on or after April 23, 1971								
	<input type="checkbox"/> Dose 2: At least 28 days after 1 st vaccine								
	<input type="checkbox"/> Measles (Rubeola) Dose 1: Immunized on or after Jan. 1, 1968 and first birthday AND								
<input type="checkbox"/> Measles (Rubeola) Dose 2: Immunized at least 28 days after the first dose									
<input type="checkbox"/> Rubella Immunized after 1969 and on or after first birthday									
<input type="checkbox"/> Mumps Immunized after 1968 and on or after first birthday									
	Titer (blood test) showing positive immunity (<u><i>Labs results & reports MUST be attached</i></u>)						month	day	year
	<input type="checkbox"/> Measles								
	<input type="checkbox"/> Mumps								
	<input type="checkbox"/> Rubella								
B.	Health care provider information: (<u>Signature and stamp required</u>)								
	Name: _____				Address: _____				
	Signature: _____			License #: _____		Phone :() _____			



Meningitis Response Form

CUNY requires that all students complete and return the following form to
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Part 3: Student Information			
-- To be completed by the student --			
Name (please print) _____			
	Last name	First name	Middle Initial
Date of Birth	EMPL ID #	Daytime phone	Email address
____/____/____ mm dd yyyy	_____	() _____	_____

Part 4: Meningococcal Meningitis	
To be completed by the student	
Instructions: Please check <u>ONE</u> box only in Section A below and sign and date in Section B	
A.	<p>I have (for students under the age of 18: My child has) read, or explained to me, the information regarding meningococcal disease:</p> <p><input type="checkbox"/> I had meningococcal immunization within the past 5 years*. <u>The vaccine record must attached (healthcare provider stamp and signature required).</u></p> <p><input type="checkbox"/> I will not obtain the meningitis vaccine. I understand the risks of not receiving the vaccine.</p>
B.	<p>_____</p> <p>Student/ Parent Signature if student is under 18 years. ____/____/____ mm dd yyyy</p>

*[Note: The Advisory Committee on Immunization Practices recommends that all first-year college students up to age 21 years should have at least 1 dose of Meningococcal ACWY vaccine not more than 5 years before enrollment, preferably on or after their 16th birthday, and that young adults aged 16 through 23 years may choose to receive the Meningococcal B vaccine series. College and university students should discuss the Meningococcal B vaccine with a healthcare provider.]

How do I get more information about meningococcal disease and vaccination?

- Contact your primary care provider or your Student Health Services at 718-997-2760 or visit our website at: www.qc.cuny.edu/health

Additional information is also available on the following websites:

- www.health.state.ny.us (New York State Department of Health)
- <http://www.cdc.gov/vaccines/vpd-vac/> (Centers for Disease Control and Prevention)
- www.acha.org (American College Health Association)

TO SUBMIT IMMUNIZATION RECORDS:

Mail: Queens College, Health Service Center, 6530 Kissena Blvd, Frese Hall 3rd Floor, Queens, N.Y. 11367
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Part 5: For Office of Health Services Staff Use Only			
Processed by:		rec: _____	ent: _____
Staff Name: _____	Staff Signature: _____	Date: _____	