Immunization Record Instructions - MMR

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)			
4 1 /	Last name	First name	Middle Initial
Date of Birth	EMPL ID #	Daytime phone	Email address
//		()	

Complete this part with your personal information.

Leave "EMPLID #" blank

Par	t 2: I	mmunization History	To be completed by a health care provider *Documentatio	n must be	include	ed*
		Provider: All dates mu	st include month, day, and year. Please mark an (X) in the ap	propriate	boxes	
A.		Measles, mumps and prior to first birthday	rubella must be live vaccine and given no more than 4 days	month	day	year
			rubella) – if given as combined dose instead of individual vaccine. 4 days prior to first birthday, AND on or after April 23, 1971	Ор	tio	n 1
		☐ Dose 2: At least 28 da	ys after 1st vaccine		\mathbf{o}	
		☐ Measles (Rubeola) Dose 1: Immunized on or after Jan. 1, 1968 and first birthday AND		<u>Ur</u>	<u> </u>
		☐ Measles (Rubeola) Dose 2: Immunized at least 28 days after the first dose	On	tio	n 2
		□ Rubella	Immunized after 1969 and on or after first birthday	Op	LIU	11 2
		☐ Mumps	Immunized after 1968 and on or after first birthday			
		_ ` ` '	wing positive immunity (Labs results & reports MUST be attached)	month	:.av	year
		☐ Measles		0	4: -	- 0
		☐ Mumps		U p	LIO	n 3
		□ Rubella				

Notes:

You must attach documentation that clearly shows the date that you received each and every dose, or the lab report showing positive immunity

Documentation options include: childhood immunization records, official immunization records from a school you attended or a signed and stamped immunization record from your health care provider

Your records must be in English

Any records must have your name and date of birth clearly listed

Your doctor must complete this section

Option 1: 2 Doses of MMR

First dose given no more than 4 days BEFORE your first birthday, and second dose **at least** 28 days later

Option 2:

Given Separately 2 doses measles, first given after first birthday and second **at least** 28 days later 1 dose mumps after first

birthday 1 dose rubella **áfter first** birthday

Option 3: Titer

a blood test showing positive immunity to measles, mumps, and rubella

3.	Health care provider information: (Signature an Name:	<u>d stamp required)</u> Address:	
	Signature:	License #:Phone :()	

Your doctor must sign and stamp this section

Troubleshooting:

 If you did not receive the MMR vaccine, Option 2 or 3 might be easier or faster
 If you received the first MMR or Measles BEFORE your first birthday, you will need to get a new MMR or Measles dose

 If you received your MMR doses less than 28 days apart you will need to receive a new MMR dose OR prove immunity using a titer

Documentation must be attached, clearly legible, and in English

Titer lab results must show positive immunity

Attached documentation must show all listed doses clearly

- Forms should be completed in your home country with your physician

Please email your forms and records to studentsuccess@queensqssp.com

Immunization Record Instructions - Meningitis

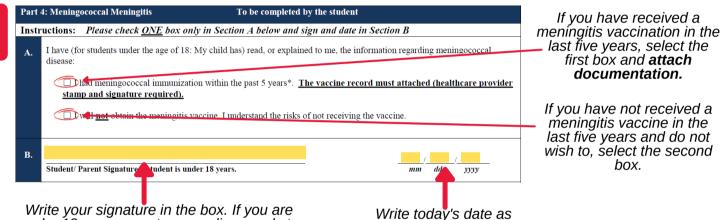
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Part 3: Student Information	To be	completed by the student	
Name (please print)			
· · · · ·	Last name	First name	Middle Initial
Date of Birth	EMPL ID #	Daytime phone	Email address
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Complete this part with your personal information.

Leave "EMPLID #" blank

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MM-DD-YYY

*[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.gc.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)

under 18, your parent or guardian needs to

sian this box.

Please email your forms and records to studentsuccess@queensgssp.com