

Immunization Record Instructions - MMR

1

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) _____ | | | |
| Last name | First name | Middle Initial | |
| Date of Birth | EMPL ID # | Daytime phone | Email address |
| mm / dd / yyyy | _____ | () _____ | _____ |

Complete this part with your personal information.

Leave "EMPLID #" blank

2

| 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. MMR (measles, mumps, rubella) – 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 | month | day | year |
| | Option 1 | | |
| | OR | | |
| | Option 2 | | |
| | OR | | |
| <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 | month | day | year |
| Option 3 | | | |
| Titer (blood test) showing positive immunity (<i>Labs results & reports MUST be attached</i>) <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella | month | day | year |

****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 **after first birthday**

Option 3:
Titer
 a blood test showing positive immunity to measles, mumps, and 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 (if a titer)
- 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**

3

| | |
|-----------|---|
| B. | Health care provider information: (<i>Signature and stamp required</i>) |
| | Name: _____ 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@queensgssp.com

Immunization Record Instructions - Meningitis

1

| Part 3: Student Information | | | |
|--------------------------------------|---------------------------|-------------------------------|---------------|
| -- To be completed by the student -- | | | |
| Name (please print) _____ | | | |
| <small>Last name</small> | <small>First name</small> | <small>Middle Initial</small> | |
| Date of Birth | EMPL ID # | Daytime phone | Email address |
| mm / dd / yyyy | ----- | () _____ | _____ |

Complete this part with your personal information.

Leave "EMPLID #" blank

2

| 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*. The vaccine record must attached (healthcare provider stamp and signature required).</p> <p><input type="checkbox"/> I do not obtain the meningitis vaccine. I understand the risks of not receiving the vaccine.</p> |
| B. | <p>_____ Student/ Parent Signature (Student is under 18 years.)</p> <p style="text-align: right;">mm / dd / yyyy</p> |

If you have received a meningitis vaccination in the last five years, select the first box and **attach documentation.**

If you have not received a meningitis vaccine in the last five years and do not wish to, select the second box.

Write your signature in the box. If you are under 18, your parent or guardian needs to sign this box.

Write today's date as 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.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)

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