



**NEW YORK CITY
COLLEGE OF TECHNOLOGY**

THE CITY UNIVERSITY OF NEW YORK
300 JAY STREET, NAMM HALL ROOM NG17 • BROOKLYN, NY 11201-1909
718.260.5250 • Fax 718.260.5504

Immunization Record

Immunization records are required prior to registration.

If any portion of this document is illegible, it will not be processed.

Submit Form: (1) In Person to Room NG17, (2) By Fax: 718-260-5504, or (3) Send to Dropbox at AdmDoc@citytech.cuny.edu
If any portion of this document is illegible, it will not be processed.

All students must complete Part 1 and Part 3: Meningococcal Vaccination Response (on the reverse side).

Part 1: Student Information (Please Print)			Date of Birth	Age
Name: _____			____/____/____	____
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>		
Social Security #	Empl ID #	Daytime Telephone #	E-mail Address	
____-____-____	_____	() _____-____	_____	

MEASLES, MUMPS & RUBELLA REQUIREMENT

New York State Public Health Law 2165 requires all students entering a post-secondary institution to provide proof of immunity to measles, mumps and rubella. This law applies to students born on or after January 1, 1957, who are registered for 6 or more credits (or its equivalent) regardless of degree or non-degree status at a CUNY campus.

Acceptable Documentation (*Students are responsible for obtaining an official translation of foreign records prior to submission.*)

- Immunization records can be obtained from a public health department immunization information system. Students born after 1994 who were raised in the five boroughs of New York City can check the Citywide Immunization Registry for their records by calling 311.
- Original signed and stamped childhood immunization card (yellow card). (**Submit the original along with a photocopy.**)
- Signed and stamped immunization record from your high school, college, employer or other institutions you attended.
- Signed and stamped immunization record from your health care provider or clinic.
- Dated positive blood test lab result (known as a titer or serology) with reference ranges showing immunity to measles, mumps and rubella.

Waivers/Exemptions

- Religious:** Submit a written statement of sincere and genuine religious belief that prohibits immunization.
- Medical:** Submit documentation from a health care provider indicating medical reason for and length of the contraindication.
- Veterans:** Proof of honorable discharge (Form DD214) from the armed services within 10 years from the date of application will enable the student to attend school pending actual receipt of the immunization records from the armed services. Immunization records must be submitted within one year of the waiver date.

Part 2: Immunization History (Submit the documents indicated above or have Part A and B completed by a health care provider.)

Measles, Mumps and Rubella must be a live vaccine given no more than 4 days prior to the first birthday.

*Instructions: Check the appropriate box below and include the vaccination date. (All dates must include the month, day and year.)
Sign and stamp where indicated.*

A.	MMR (<i>Measles, Mumps, Rubella</i>) – If given as a combined dose instead of individual vaccines.	Month	Day	Year
	<input type="checkbox"/> Dose 1: Immunized after April 22, 1971 and no more than 4 days prior to the first birthday.			
	<input type="checkbox"/> Dose 2: Immunized at least 28 days after the first vaccine.			
O R	Individual Vaccines	Month	Day	Year
	<input type="checkbox"/> Measles (Rubeola) Dose 1: Immunized after March 21, 1963 and no more than 4 days prior to the first birthday. <i>Note: For vaccines administered prior to 1968 the record must indicate that the measles vaccine was live.</i>			
	<input type="checkbox"/> Measles (Rubeola) Dose 2: Immunized at least 28 days after the first dose.			
	<input type="checkbox"/> Mumps: Immunized after December 28, 1967 and no more than 4 days prior to the first birthday.			
	<input type="checkbox"/> Rubella: Immunized after 1969 and no more than 4 days prior to the first birthday.			
O R	Positive IgG Titer (blood test) showing immunity. (<i>Dated lab results with reference ranges MUST be attached</i>)	Month	Day	Year
	<input type="checkbox"/> Measles			
	<input type="checkbox"/> Mumps			
	<input type="checkbox"/> Rubella			

Health Care Provider Information (Office Stamp Required)

B.	Name: _____	Address: _____
	Signature: _____	License #: _____ Phone #: (____) _____ - _____



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Part 3: Meningococcal Vaccination Response

To be completed by the student or parent/guardian.

Instructions:

- (1) Please read the attached Meningococcal Disease Fact Sheet.
(2) Check only one box in Section A.
(3) Sign and date Section B. If you are under 18 years old, Part B must be signed by your parent/guardian.

I have (for students under the age of 18: My child has):

- had the meningococcal immunization within the past 5 years. (You must attach the vaccine record.)

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.

- read, or have had explained to me, the information regarding meningococcal disease. I (my child) will obtain immunization against meningococcal disease within 30 days from my private health care provider.
read, or have had explained to me, the information regarding meningococcal disease. I understand the risks of not receiving the vaccine. I have decided that I (my child) will not obtain immunization against meningococcal disease.

A.

B.

Student Signature MM DD YYYY
Parent/Guardian Signature (if student is under 18 years old.) MM DD YYYY

Additional information about meningococcal disease and vaccination is 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)

For Official Use Only

Received: MM/DD/YYYY (Staff Initials) Entered: MM/DD/YYYY (Staff Initials)