



**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.

**Upload this form and/or your proof to the Student Repository. [Upload instructions.](#)
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 second page).

Part 1: Student Information (Please Print)			Date of Birth	Age
Name: _____			____/____/____	____
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	<i>MM</i> / <i>DD</i> / <i>YYYY</i>	
Your CUNY ID is an 8 digit number found in your CUNYfirst account.	CUNY 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 #: () _____ - _____

