



New York College of Traditional Chinese Medicine

Certificate of Immunizations

Last Name: _____ First Name: _____

Address: _____

Date of Birth: ____ / ____ / ____ Enrollment Date: _____ Phone: () _____ - _____

New York State law requires students born on or after January 1, 1957 enrolled in college in N.Y.S. to provide proof of immunizations against Measles, Mumps and Rubella. Please have your physician or healthcare provider complete and sign this form. A copy of a student's health records from a previously attended school, which properly documents the immunization history, is acceptable and may be submitted along with this form. Students born prior to January 1, 1957 are exempt from this requirement. **Immunizations done outside of the U.S. will require a Titer Test. Please see the back of the form for more explanatory information.**

[] Check here if you are submitting a copy of a MMR immunization record from a previous school.
(Complete the information above and return both forms to the NYCTCM Admissions Office)

[] Check here if you are submitting proof from your physician/healthcare provider.
(THE FOLLOWING MUST BE COMPLETED BY A PHYSICIAN/HEALTHCARE PROVIDER)

Required MMR Dates: 1. _____ 2. _____

Required: Measles (Rubeola) Immunity - Must have one of the following:

- Two dates of Measles immunization 1. _____ 2. _____
Both must be given after January 1, 1968. The first dose must be no more than 4 days prior to the first birthday **AND** the second dose at least 28 days after the first dose.
- Has report of adequate immune Measles Titer: [] Yes [] No
Date of immune titer: _____ (attach copy of lab report)
- Physician diagnosis is not acceptable.

Required: Mumps Immunity - Must have one of the following:

- Date of at least one Mumps immunization 1. _____
Must have been given after January 1, 1969. The dose must be no more than 4 days prior to the first birthday.
- Has report of adequate immune Mumps Titer: [] Yes [] No
Date of immune titer: _____ (attach copy of lab report)
- Physician diagnosis is not acceptable.

Required: Rubella (German Measles) Immunity - Must have one of the following:

- Date of at least one Rubella immunization 1. _____
Must have been given after January 1, 1969. The dose must be no more than 4 days prior to the first birthday.
- Has report of adequate immune Rubella Titer: [] Yes [] No
Date of immune titer: _____ (attach copy of lab report)
- Physician diagnosis is not acceptable.

Physician/Healthcare Provider Signature: _____ Date: _____

Physician Stamp with Phone Number: _____

Please return to Admissions Office:

New York College of Traditional Chinese Medicine * 200 Old Country Road, Suite 500 * Mineola, NY 11501



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Resoure Information

To obtain certification of immunization against Measles, Mumps and Rubella you may see your physician or local public health center (check your local phone directory for contact information). Your public health center is the least costly way to acquire the required immunization. A titer test is the best approach if you are uncertain of your current immunization status or do not have a MMR Immunization Record but have been immunized in the past. By having a blood sample taken to test your antibody level for Measles, Mumps and Rubella you will be able to determine if you require immunization or not.

IMPORTANT NOTE ABOUT RE-VACCINATION:

MEASLES: If vaccination was administered prior to 1968 and not specified as “live” and/or if student was less than 12 months of age and/or less than 15 months of age for second dose, vaccination must be repeated. Indicate date for follow-up.

MUMPS AND RUBELLA: If vaccination was administered prior to 1969 and/or patient was less than 12 months of age, vaccination must be repeated.

Please note: Combined Measles, Mumps and Rubella (MMR) vaccine is recommended for both doses of Measles vaccines to provide increased protection against all three vaccine preventable diseases.

Students, who have attended college in N.Y.S and most other states, may have already provided this information for their prior schools. If the school has this information on file you may request a copy and use it as your immunization history for NYCTCM. Complete this form with your name, address, and phone number, birth date and enrollment date and return it with the immunization record from your prior school.

The following information is offered to assist students interested in contacting the
New York City Department of Health and Mental Hygiene:

<http://www.nyc.gov/html/doh/html/living/immun-clinics.shtml>

Low-to No-Cost Immunization is offered by New York City Department of Health and Mental Hygiene

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