



CERTIFICATION OF IMMUNIZATIONS

Please Print

Name: _____ Enrollment Date: _____

Home Address: _____
(Street, City, State and Zip)

Date of Birth: ____/____/____ Telephone: _____

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 health record 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. See the back of the form for more explanatory information.

1. **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)

2. CERTIFICATION OF IMMUNIZATION – TO BE COMPLETED BY PHYSICIAN/HEALTHCARE PROVIDER

Required: MMR Dates 1. _____ 2. _____

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

1. **Two dates of Measles Immunization** 1. _____ 2. _____
Both must be given after January 1, 1968. The first dose must be on or after the first birthday **AND** the second dose after 15 months of age.
2. **Has report of adequate immune Measles Titer Test** Yes [] No []
Date of immune titer _____ (Attach copy of lab report)
3. Physician diagnosis is not acceptable.

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

1. **Date of at least one Mumps immunization** 1. _____
Must have been given after January 1, 1969.
2. **Has report of adequate immune Mumps titer.** Yes [] No []
Date of immune titer _____ (Attach copy of lab report)
3. Physician diagnosis is not acceptable.

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

1. **Date of at least one Rubella Immunization** 1. _____
Must have been given after January 1, 1969.
2. **Has report of adequate immune Rubella Titer.** Yes [] No []
Date of immune titer _____ (Attach copy of lab report)
3. Physician diagnosis is not acceptable.,

Vaccinations may be obtained from student's private physician or local Public Health Center.

Signature of Health Practitioner: _____ Date: _____

Physician Stamp with Phone Number:

Resource 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 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 given 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.

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

303 9th Ave.(between 27th and 28th street)

New York, N.Y. 10001

Telephone: 212-676-2273

Website: <http://www.nyc.gov/html/hia/html/resources/clinics.shtml>

Immunization is offered at no cost by the N.Y. City Department of Health.