

NEW YORK THEOLOGICAL SEMINARY STUDENT IMMUNIZATION RECORD FORM

Name _____ Student ID Number _____
Last First Middle Number on bottom of ID card

Home Address _____
Number & Street Apt # City State Zip

Rev. 12.09 lrb

New York State Public Health Law 2165 requires post-secondary students to show protection against measles, mumps and rubella. Persons born **prior to January 1, 1957 are exempt** from this requirement. An MMR vaccine is recommended for all measles vaccine doses to provide increased protection against all three vaccine-preventable diseases: measles, mumps and rubella.

PLEASE NOTE:

A LEGIBLE copy of an immunization record from a previous school attended (college, university) or a childhood immunization record will be acceptable proof of immunization if it clearly contains the required information.

REQUIRED: Measles (Rubeola) Immunity – Must have **ONE** of the following:

- A. **TWO** dates of measles Immunization: (1) _____ (2) _____
Both dates must be given after 1967; the first immunization after the first birthday and the second on or after 15 months of age.
- B. Date of Measles Titer _____ Results: _____
- C. Date of physician diagnosed measles disease _____
Signature of diagnosing physician _____

REQUIRED: Rubella (German Measles) Immunity – Must have **ONE** of the following:

- A. Date of at least one rubella immunization: (1) _____ (2) _____
(Must be on or after the first birthday)
- B. Date of Rubella Titer _____ Results _____
Physician diagnosis **is not acceptable.**

REQUIRED: Mumps Immunity – Must have **ONE** of following:

- A. Date of at least one mumps immunization: (1) _____ (2) _____
(Must be on or after the first birthday)
- B. Date of Mumps Titer _____ Results _____
- C. Date of physician diagnosed mumps disease _____
Signature of diagnosing physician _____

Name of Health Practitioner: _____ Signature _____
Print

Date _____

