

NEW YORK THEOLOGICAL SEMINARY

...continuing The Biblical Seminary in New York

STUDENT IMMUNIZATION RECORD FORM

Name _____
Last First Middle

Date of Birth: ____/____/____
Month Day Year

New York State Public Health Law 2165 requires post-secondary students to prove immunization or protection against measles, mumps and rubella. Persons born PRIOR to **January 1, 1957** are exempt from this requirement.

NOTE: MMR Vaccine is recommended for all measles vaccine doses to provide increased protection against all three vaccine-preventable diseases: measles, mumps and rubella.

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 and 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 the first birthday)
- B. Date of Mumps Titer _____ Results _____
- C. Date of physician diagnosed mumps disease _____

Signature of diagnosing physician _____

Health Practitioner (PRINT name) _____

Health Practitioner (SIGN name) _____

Date: ____/____/____
Month Day Year

