

IMMUNIZATION RECORD

Immunization records are required prior to registration

Please complete this form and return it to D-101E (Immunizations Office), A-334C (Health Services Office), or scan and email it to usanders@hostos.cuny.edu

Document must be legible to be processed. Students are responsible for obtaining translation of foreign records prior to submission.
**Students born prior to January 1, 1957 are exempt from the measles, mumps, and rubella requirement. All students need to acknowledge the Meningitis risks and refusal in part 2. For more information, see the attached information statement.*

Part 1: Student Information		To be completed by the student	
Name (please print) _____			
	Last name	First name	Middle Initial
Date of Birth	EMPL ID #	Daytime phone	Email address
____/____/____ <i>mm dd yyyy</i>	_____	() _____	_____

Part 2: Meningococcal Meningitis		To be completed by the student	
Instructions: <i>Please check one box in Section A below and sign and date in Section B</i>			
A.	<input type="checkbox"/> I have read the attached information and I received the vaccine within the past 10 years on: _____ <i>mm dd yyyy</i>		
	<input type="checkbox"/> I have read the attached information, I understand the risks of not receiving the vaccine, and I will not receive the vaccine		
B.	Student/ Parent Signature if student is under 18 years. _____		____/____/____ <i>mm dd yyyy</i>

Part 3: Immunization History		To be completed by a health care provider				
Provider: All dates must include month, day, and year. Please mark an (X) in the appropriate boxes						
A.	Measles, mumps and rubella must be live vaccine and given no more than 4 days prior to first birthday. MMR (measles, mumps, rubella) – if given as combined dose instead of individual vaccine.			month	day	year
	<input type="checkbox"/> Dose 1: No more than 4 days prior to first birthday, AND on or after January 1, 1972					
	<input type="checkbox"/> Dose 2: At least 28 days after 1 st vaccine					
O R	<input type="checkbox"/> Measles (Rubeola) Dose 1: Immunized on or after Jan. 1, 1968 and first birthday AND					
	<input type="checkbox"/> Measles (Rubeola) Dose 2: Immunized at least 28 days after the first dose					
	<input type="checkbox"/> Rubella Immunized after 1968 and on or after first birthday					
	<input type="checkbox"/> Mumps Immunized after 1968 and on or after first birthday					
O R	Titer (blood test) showing positive immunity (COPY OF DATED LAB RESULTS MUST BE STAMPED AND ATTACHED)			month	day	year
	<input type="checkbox"/> Measles					
	<input type="checkbox"/> Mumps					
	<input type="checkbox"/> Rubella					
B.	Health care provider information: (Please include official stamp) Name: _____ Address: _____ Signature: _____ License #: _____ Phone: () _____					

Part 4: For Office of Health Services Staff Use Only		
Processed by:		
Staff Name: _____	Staff Signature: _____	Date: _____

IMMUNIZATION REQUIREMENTS FOR POST-SECONDARY ADMISSION

Meningococcal Disease:

New York State Public Health Law 2167 requires all post-secondary institutions to provide information on meningitis and the meningitis vaccine to all students registering for 6 credits or more (or its equivalent). In addition, each institution is required to maintain a record of the following for such student:

- A response to receipt of meningococcal meningitis disease and vaccine information signed by the student or student's parent/ guardian.
 - A certification of meningococcal meningitis immunization within the past 10 years.
- OR
- An acknowledgement of meningococcal meningitis risks and refusal of meningococcal meningitis immunization signed by the student or student's parent or guardian.

How do I get more information about meningococcal disease and vaccination?

Contact your primary care provider or Student Health Services at 718-518-6542 or the Wellness Office at 718-518-4483. Additional information is also available on the following websites:

- www.health.state.ny.us (New York State Department of Health)
- <http://www.cdc.gov/vaccines/vpd-vac/> (Centers for Disease Control and Prevention)
- www.acha.org (American College Health Association)

Please visit our website at: www.hostos.cuny.edu

Information to complete Immunization Requirements

Measles, Mumps, Rubella:

New York State Public Health Law 2165 requires all students entering a post-secondary institution to provide their health services center with 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) at a CUNY campus.

ACCEPTABLE PROOF OF IMMUNITY MAY INCLUDE (Signed and Stamped):

1. Immunization cards from childhood (yellow card).
2. Immunization records from college, high school or other schools you attended.
3. Immunization record from your health care provider or clinic.
4. Titer [Serology (lab) report] showing immunity to measles, mumps and rubella. Titer [The lab report] must be an actual copy showing your immunity to measles, mumps, and rubella.
5. Proof of honorable discharge 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.
6. Immunization records obtained from a public health department immunization information system (immunization registry). Students born after 1994 and were raised in New York City, can check the Citywide Immunization Registry for their records by calling 311.

These laws apply to students taking six credits (or its equivalent) or more regardless of degree or non-degree status.