

# IMMUNIZATION RECORD FORM

## MMR REQUIREMENTS

New York State Public Health Law 2165 requires college students enrolled for six (6) or more semester hours to show proof of immunization against measles, mumps and rubella. Students born prior to January 1, 1957 are exempt from this requirement. Please have your healthcare provider complete, sign and stamp this form. Completed form must be submitted to the St. Joseph's College Center for Wellness prior to the first day of classes. Students who fail to submit this form and comply with the law will not be allowed to attend classes and will be withdrawn from the College.

### Please print:

Name \_\_\_\_\_  
Last First M.I. Maiden

Street address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Social Security number \_\_\_\_\_ SJC ID number \_\_\_\_\_ Date of birth \_\_\_\_\_

## HEALTH CARE PROVIDER TO COMPLETE BELOW

**MMR** (measles, mumps, rubella) - If given as a combined dose instead of individual immunizations

Dose 1: Immunized no more than four days prior to first birthday Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Dose 2: Immunized as above and at least a minimum of 28 days after the first dose Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**OR**

**Measles** - Two doses at least 28 days apart, given no more than four days prior to first birthday

Dose 1: Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Dose 2: Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Mumps** - One dose given no more than four days prior to first birthday Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Rubella** (German Measles) - One dose given no more than four days prior to first birthday Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**OR**

Serologic Evidence of Immunity (**lab report must be attached**; equivocal titers are not acceptable)

**Measles-** Titer Date: \_\_\_\_\_ Result: \_\_\_\_\_

**Mumps-** Titer Date: \_\_\_\_\_ Result: \_\_\_\_\_

**Rubella-** Titer Date: \_\_\_\_\_ Result: \_\_\_\_\_

**Health Care Provider (Official stamp is required; no form will be accepted without stamp or license number if no stamp is available.)**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ License number \_\_\_\_\_

Date \_\_\_\_\_

**STAMP:**

Please return completed form to the St. Joseph's College Center for Wellness on the appropriate campus as listed below. The forms can be submitted in person or via fax. Please be sure to keep a copy for your records.



**SJC LONG ISLAND**  
Center for Wellness  
155 W. Roe Blvd.  
Patchogue, NY 11772  
Phone: 631.687.1262  
Fax: 631.654.3602

**SJC BROOKLYN**  
Center for Wellness  
245 Clinton Ave., Rm. 215  
Brooklyn, NY 11205  
Phone: 718.940.5851 Fax: 718.399.2379  
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