

# MANDATORY FOR REGISTRATION

Purchase College Student Health Service  
735 Anderson Hill Road Purchase, NY 10577  
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## MMR Immunization Record

Name \_\_\_\_\_ CID# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Permanent Address \_\_\_\_\_

New York State Public Health Law #2165 requires post-secondary students to show protection against Measles, Mumps and Rubella.

-Documentation must include month, day, and year.

-Immunization must be given after January 1, 1968 (1<sup>st</sup> dose administered no more than 4 days prior to the first birthday; 2<sup>nd</sup> dose at least 28 days later)

**Persons born prior to January 1, 1957 are exempt from this requirement.**

**REQUIRED: Measles (Rubeola) Immunity-Must Have ONE of the following:**

1. TWO dates of Measles immunization (1) \_\_\_\_\_ (2) \_\_\_\_\_
2. Date of measles titer \_\_\_\_\_ Results \_\_\_\_\_
3. Date of Physician diagnosed Measles disease \_\_\_\_\_

\_\_\_\_\_  
Signature of diagnosing physician

**REQUIRED: Mumps Immunity-Must have ONE of the following:**

1. Date of at least one mumps immunization (1) \_\_\_\_\_ (2) \_\_\_\_\_
2. Date of Mumps titer \_\_\_\_\_ Results \_\_\_\_\_
3. Date of physician diagnosed Mumps disease \_\_\_\_\_

\_\_\_\_\_  
Signature of diagnosing physician

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

1. Date of at least one Rubella immunization (1) \_\_\_\_\_ (2) \_\_\_\_\_
2. Date of Rubella titer \_\_\_\_\_ Results \_\_\_\_\_

*Physician diagnosis of Rubella is NOT acceptable*

### RECOMMENDED VACCINES:

Hepatitis B: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Meningococcal Vaccine (MCV4): (1) \_\_\_\_\_

Td or Tdap Booster: (1) \_\_\_\_\_

\_\_\_\_\_  
Signature of Health Care Provider (required)      Date