

MMR IMMUNIZATION RECORD

PLEASE RETURN TO:
Purchase College Student Health Service
735 Anderson Hill Road, CCS LL
Purchase, New York 10577-1402
(914) 251-6380
FAX (914) 251-6388

www.purchase.edu/healthservices

hse@purchase.edu

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 and on or after first birthday

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 _____

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 _____

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 _____

RECOMMENDED VACCINES:

Hepatitis B: (1) _____ (2) _____ (3) _____

Meningococcal Vaccine (MCV4): _____ Booster: _____

Tdap Booster: _____ or Td Booster: _____

Signature of Health Care Provider (required)

Date