

MMR IMMUNIZATION RECORD

REQUIRED FORM

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

Upload to <https://purchase.medicatconnect.com>

Email to 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.

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

REQUIRED IMMUNIZATIONS:

Vaccine	Date: M/D/Y	Date: M/D/Y
MMR (Measles, Mumps, Rubella) Two doses required (1 st dose no more than four days prior to the first birthday, 2 nd dose at least 28 days after the 1 st)		
OR		
Measles Two doses required as above		
Mumps One dose no more than four days prior to the first birthday		
Rubella One dose no more than four days prior to the first birthday		
OR		
Blood Titers (Please include documentation)		
Measles		
Mumps		
Rubella		

Name of Health Care Provider

Signature of Health Care Provider (required)

Date