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## STUDENT IMMUNIZATION RECORD

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NAME: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

**NOTICE:** New York State Public Health Law 2165 requires all students to show proof of immunity against measles, mumps and rubella. Students born prior to January 1, 1957 are exempt. Please have your health care provider (physician or nurse) complete this form or attach copies of official immunization records. Then submit it to the Nyack College Nursing Department. Located at 361 Broadway, New York, NY 10013-3904. Telephone number (212) 625-0500 ext. 385.

DATE: \_\_\_\_\_

**M.M.R. (Measles, Mumps, Rubella)** If given instead of individual immunizations.

- 1. Dose 1 – Immunized at least 30 days after birth or later. \_\_\_ / \_\_\_ / \_\_\_
- 2. Dose 2 – Immunized at least 30 days after first immunization. \_\_\_ / \_\_\_ / \_\_\_

**OR**

**MEASLES (Rubeola)** Check appropriate boxes.

- 1. Immunized with live measles vaccine at 12 months of age or later. \_\_\_ / \_\_\_ / \_\_\_
- 2. Has report of immune titer. Specify date of titer. \_\_\_ / \_\_\_ / \_\_\_
- 3. Had disease. \_\_\_ / \_\_\_ / \_\_\_
- 4. Immunized at least 30 days after the first vaccination with live measles vaccine. \_\_\_ / \_\_\_ / \_\_\_

**RUBELLA (German Measles) – Check appropriate box.**

- 1. Has reported immune titer. Specify date of titer. \_\_\_ / \_\_\_ / \_\_\_
- 2. Immunized with vaccine at 12 months of age or later. \_\_\_ / \_\_\_ / \_\_\_

**MUMPS – Check appropriate box.**

- 1. Had disease; confirmed by office records. \_\_\_ / \_\_\_ / \_\_\_
- 2. Had reported immune titer. Specify dates of titer. \_\_\_ / \_\_\_ / \_\_\_
- 3. Immunized with vaccine at 12 months of age or later. \_\_\_ / \_\_\_ / \_\_\_

**Physicians or Nurse's Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_