SUNY ADIRONDACK
Experience It For Yourself

STUDENT IMMUNIZATION RECORD FORM

Every student taking six or more credits at a New York State College of University, whose birthdate is after 1956, is required to show proof of immunity against measles, mumps, and rubella before attending classes. ***You will not be able to attend classes without this form completed and returned.***

This New York State Department of Health policy is designed to protect the public health. **PROOF OF MEASLES IMMUNITY** means two doses of MMR or measles vaccine on or after a student's first birthday, at least 30 days apart, and dated after 1967. A physician-documented history of the disease or serologic evidence of immunity can also be submitted. **PROOF OF RUBELLA IMMUNITY** means one dose of rubella vaccine on or after a student's first birthday or serologic evidence of immunity. **PROOF OF MUMPS IMMUNITY** means one dose of mumps vaccine on or after a student's first birthday. A physician-documented history of the disease or serologic evidence of immunity can also be submitted as proof.

Proof of immunization must contain specific references to these diseases, dates, and dosages.

The form below may be used or you can provide a copy of your High School Health Record or a physician's written statement, but documents must provide all required information. Proof of immunization is to be submitted to the Registrar's Office in person, by mail, or via fax to: 518.832.7601.

Thank you for your cooperation and assistance. Should you have any questions, please contact the Registrar's Office in person or at: 518.743.2279.

Name: Date of Birth: / /

Banner ID or Social Security Number:

REQUIRED: MMR IMMUNITY

TWO dates of MMR (Measles, Mumps, Rubella) Immunization:
First date must be after first birthday, usually at age 15 months
OR follow the steps below for Measles, Rubella and Mumps.

1. / / 2. / /

***Or*: IF RECEIVED SEPARATELY**

REQUIRED: MEASLES (RUBEOLA) IMMUNITY

TWO dates of Measles Immunization: *Both must be given after 1967 AND on or after the first birthday, with at least 30 days between doses.*

1. / / 2. / /

Or Date of Measles Titer: / /

PLEASE ATTACH COMPLETE LAB REPORT *Or*

Date physician diagnosed measles disease: / /

AND signature of the diagnosing physician:

REQUIRED: RUBELLA (GERMAN MEASLES) IMMUNITY

Date of ONE Rubella Immunization: / /

Must be on or after the first birthday Or

Date of Rubella Titer: / /

PLEASE ATTACH COMPLETE LAB REPORT

Physician diagnosis is not acceptable.

REQUIRED: MUMPS IMMUNITY

Date of ONE Mumps Immunization: / /

Must be on or after the first birthday Or

Date of Mumps Titer: / /

PLEASE ATTACH COMPLETE LAB REPORT *Or*

Date physician diagnosed mumps disease: / /

AND signature of the diagnosing physician:

PLEASE NOTE: MMR vaccine is recommended to provide protection against all three vaccine preventable diseases: measles, mumps, and rubella.

/ /

Signature of Health Practitioner Date
Must be: R.N., M.D., P.A., or N.P.

EXEMPTION: This student should be granted an exemption for medical reasons. This exemption is:

_____ permanent

_____ temporary until (please provide date): _____

/ /

Signature of Health Practitioner Date

OFFICE OF THE REGISTRAR | WARREN HALL ROOM 156
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