SUNY Adirondack Office of Records and Registration

ADDRESS: 640 Bay Road, Queensbury, NY 12804-1445 | CALL: 518.743.2279 | FAX: 518.832.7601 | EMAIL: registrar@sunyacc.edu

Student Immunization Record Form Measles, Mumps, Rubella Proof of Immunity

Every student taking six or more credits at a New York State College or 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 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 <u>documents must provide all required information</u>. Proof of immunization is to be submitted to the Registrar's Office in person, by email, mail, or via fax (contact information is listed above).

Thank you for your cooperation and assistance. Should you have any questions, please contact the Registrar's Office. For more information regarding the Immunization policy, go to the College Catalog under the Admissions with the Mandatory Immunizations link.

Student Name (Please print):	Date of Birth:
Banner ID (500 number):	
REQUIRED: MMR IMMUNITY TWO dates of MMR (Measles, Mumps, Rubella) Immunization: First date must be after first birthday, usually at age 15 months	REQUIRED: MUMPS IMMUNITY Date of ONE Mumps Immunization: / /
OR follow the steps below for Measles, Rubella and Mumps.	Must be on or after the first birthday Or
1. / / 2. / /	Date of Mumps Titer: / /
Or: IF RECEIVED SEPARATELY	MUST ATTACH COMPLETE LAB REPORT Or
	Date physician diagnosed mumps disease: / /
REQUIRED: MEASLES (RUBEOLA) IMMUNITY	AND signature of the diagnosing physician:
AND on or after the first birthday, with at least 30 days between doses. 1. / / / Or Date of Measles Titer: / / MUST ATTACH COMPLETE LAB REPORT Or	PLEASE NOTE: MMR vaccine is recommended to provide protection against all three vaccine preventable diseases: measles, mumps, and rubella.
Date physician diagnosed measles disease: / /	Signature of Health Practitioner Date
AND signature of the diagnosing physician:	Must be: R.N., M.D., P.A., or N.P.
REQUIRED: RUBELLA (GERMAN MEASLES) IMMUNITY Date of ONE Rubella Immunization: / Must be on or after the first birthday Or Date of Rubella Titer: / MUST ATTACH COMPLETE LAB REPORT	EXEMPTION: This student should be granted an exemption for medicalreasons. This exemption is: permanent temporary until (please provide date):
Physician diagnosis is not acceptable.	Signature of Health Practitioner Date

Form Updated: 9/23/2024