

SUNY ORANGE Student Immunization Record

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Procedures – All students born on or after 1/1/57 who plan to enroll for 6 or more credits must submit this form or a signed and/or stamped official immunization record to Health Services at or prior to registration. All students regardless of age must sign and return PART II of this form, the Meningitis Response Form.

PART I –STUDENT INFORMATION

Name _____
Last Name _____ First Name _____ Middle Initial _____
Address _____
Street _____ City _____ State _____ Zip _____
Date of Birth _____ I.D. Number _____ Phone _____

New York State Public Health law states that students must meet the following immunization requirements.

PART II - MENINGOCOCCAL VACCINE RESPONSE – - please read the information on the meningococcal fact sheet on the accompanying page.. Then check one box and sign below. Vaccine is optional, but a response is required.

I have (for students under 18, parent signature is required below)

- had the meningitis immunization within the past ten years. Date ____/____/____
- read, or had explained to me, the information regarding meningococcal Meningitis disease. I understand the risks of not receiving the vaccine. I have decided that I (my child) **will not** obtain immunization against Meningitis disease at this time.

Signed _____ Date _____
Student Signature (Parent/Guardian if student is under 18)

PART III – May either be COMPLETED AND SIGNED BY YOUR HEALTH CARE PROVIDER, or you may attach a copy of your official signed and stamped immunization record

A. M.M.R. (Measles, Mumps, Rubella) (Two doses required.)

1. Dose 1: given not sooner than 4 days prior to first birthday. Date ____/____/____
2. Dose 2: given at least 28 days after first dose. Date ____/____/____

-OR IF INDIVIDUAL VACCINES GIVEN-

B. Measles (Rubeola)

1. Dose 1 – Immunized with LIVE measles vaccine after 1/1/68, and not sooner than 4 days prior to first birthday. Date ____/____/____
2. Dose 2 – Immunized with LIVE measles vaccine at least 28 days after dose one. Date ____/____/____
- or-
3. Measles antibody titer (IGG) Titer Date ____/____/____ Result _____ (attach lab report)
- or-
4. Date of physician diagnosed measles disease ____/____/____ and signature of diagnosing Physician _____

C. Rubella

1. Immunized with live Rubella vaccine after 1/1/69, not sooner than 4 days prior to 1st birthday. Date ____/____/____
- or-
2. Rubella antibody titer (IGG) Titer Date ____/____/____ Result _____ (attach lab report)

D. Mumps

1. Immunized with live Mumps vaccine after 1/1/69, not sooner that 4 days prior to 1st birthday. Date ____/____/____
- or-
2. Mumps antibody titer (IGG) Titer Date ____/____/____ Result _____ (attach lab report)
- or-
3. Date of physician diagnosed mumps disease ____/____/____ and signature of diagnosing physician _____

HEALTH CARE PROVIDER _____

signature or stamp required

Name _____ Date _____
Address _____ Phone _____