

**BOROUGH OF MANHATTAN COMMUNITY COLLEGE
IMMUNIZATION FORM**

→ This Form must be submitted to **Room N-303** for Registration Clearance ←

Part I – Student Information (Please Print Clearly)

Name _____
(Last Name) (First Name)
Address _____ Apt. _____
City _____ State _____ Zip _____
Date of Birth ____/____/____ Social Security Number ____-____-____
Mo Day Yr

Part II – (Measles, Mumps & Rubella)

TO BE COMPLETED BY PHYSICIAN

Each student is required by LAW to have two (2) doses of MEASLES, and one (1) each of MUMPS and RUBELLA vaccinations. These must have been obtained AFTER the student's FIRST BIRTHDAY and AFTER 1967.

See reverse side for other options

Measles Dose #1 ____/____/____ **Mumps** - ____/____/____ **Rubella** - ____/____/____
Dose #2 ____/____/____

OR

Two (2) doses of an M.M.R. vaccination (AT LEAST 30 days apart)

MMR Dose # 1 ____/____/____ Dose #2 ____/____/____

OR

- A blood test (titer) is also acceptable in place of the vaccination. Results must indicate positive immunity.
- **Please attach a copy of the lab results from your physician.**

Measles Titer - ____/____/____ **Mumps Titer** - ____/____/____ **Rubella Titer** - ____/____/____
Results _____ Results _____ Results _____

Physician Information

Name: _____ **Signature:** _____

Date: _____ **Stamp or License #:** _____

Part III – (Meningococcal Meningitis Disease)

Each student is required by LAW to acknowledge that they have been given and understand the information regarding Meningococcal Meningitis Disease as well as the availability and cost of the vaccination against the disease. The cost is approximately \$75.00. For Meningitis Vaccine availability, check with your primary care physician.

- A. I have received the vaccination against Meningococcal Meningitis Disease within the past ten (10) years; please provide the date and documentation: ____/____/____
- B. I have decided that I (my child) will NOT obtain immunization against Meningococcal Meningitis Disease.

Signed _____ (Date) _____
(Student)

Signed _____ (Date) _____
(Parent or Guardian if student is under 18)

BOROUGH OF MANHATTAN COMMUNITY COLLEGE
Student Health Services, N-303
IMMUNIZATION FORM

*The following is important information for All City University of New York students (New, Transferring, Foreign, And Re-Admitting). Our goal is to help you in any way we can to insure that all of your requirements are met and your experience with us begins and remains a pleasant one. Please read carefully and follow the instructions. **New York State Health Law 2165 Requires That All Students Born After 1956 And Attending College Must Submit Two Proofs Of Immunization Against Measles, and one of Mumps And Rubella.***

BMCC / CUNY REQUIREMENTS: Immunization requirements must be completed prior to registering for classes. These are your options for document submission:

Two (2) Separate Dates For Measles, One Date For Mumps, And One Date For Rubella, All Given After Your First Birthday And After 1967 Unless It Specifically Indicates That A Live Vaccine Was Given;

Two (2) Separate Dates For MMR (Measles, Mumps And Rubella) Vaccines, Given More Than 28 Days Apart And Given After First Birthday And 1972;

BLOOD TITER (Blood Test) Results Indicating Positive Immunity Against Measles, Mumps and Rubella;

MEDICAL EXEMPTION: A Note from A Physician Indicating Why Neither Vaccines Or Blood Test Is Possible;

RELIGIOUS EXEMPTION: Statement From Affiliation Indicating That Vaccines Are Contrary To Your Religious Beliefs.

Please make copies of your completed records, or have your medical provider fill out the form on the reverse side and bring to the **Health Services Office, Room N303**. You can also fax your records to **212-220-2367**. If you have any questions call us at 212-220-8256. Free vaccines are given in our office during scheduled days as well as at local health stations.

Thank You,
Penelope S. Jordan, R.N
Director, Health Services