QUEENS COLLEGE

Health Service Center

Immunization Information

65-30 Kissena Blvd. | Frese Hall 310 | Flushing, NY 11367
718-997-2760 | Fax 718-997-2765
healthquestions@qc.cuny.edu
www.qc.cuny.edu/healthservices

NYS Public Health Law mandates that all incoming students born after December 31, 1956, must be immunized against measles, mumps, and rubella. Students need to present proof of immunizations or laboratory results indicating immunity against measles, mumps, and rubella before registering for their classes. Proof of age must be submitted for those born prior to 1957. All students (regardless of age) must complete the meningitis response (**Part 1** of the immunization records). Meningitis vaccination is not mandated; however, completion of the form is required.

Measles, Mumps, and Rubella Requirements

Public Health Law 2165 requires that students born after December 31, 1956 provide proof of the following immunizations in order to register for classes.

TWO measles vaccines given after 1968; on or after your first birthday; and at least 28 days apart.
ONE mumps vaccine given on or after your first birthday and dated 1969 or later.
ONE rubella vaccine given on or after your first birthday and dated 1969 or later.
or
TWO MMR vaccines given after 1968; on or after your first birthday; and at least 28 days apart. Vaccination is available at the Student Health Center free of charge. Contact our office at 718-997-2760 for details.
or
Blood test (MMR titer) showing immunity to measles, mumps, and rubella. Original lab report must be submitted to the Health Service Center.

Records must

- Clearly indicate the type of vaccine, dates of vaccine, and name and address of the doctor or clinic.
- Be stamped and signed by the doctor or clinic.

Acceptable proof of immunity may include

1. Immunization cards from childhood.
2. Immunization records from college, high school, or other schools you attended.
3. Immunization records from your health care provider or clinic.

Meningitis Information

Public Health Law 2167 requires all colleges to provide information on meningitis and the meningitis vaccine. Meningitis is rare. When it strikes, however, its flu-like symptoms make diagnosis difficult. If not treated early, meningitis can lead to swelling of the fluid surmounting the brain and spinal column as well as severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation, and even death. Cases of meningitis among teens and young adults 15 to 24 years of age (the age of most college students) have more than doubled since 1991.

A vaccine is available that protects against four types of the bacteria that cause meningitis in the United States—types A, C, Y, and W-135. These types account for nearly two-thirds of meningitis cases among college students. Vaccines are available from your primary care physician, or visit the CDC Travel Clinic website (*www.istm.org*) for a list of clinics that have the meningitis vaccine available.

To learn more about meningitis and the vaccine and other immunizations for college students, please feel free to contact our Health Service Center and/or consult your personal physician. You also can find information on the following websites:

New York State Department of Health: *www.health.ny.gov/prevention/immunization*
Centers for Disease Control and Prevention (CDC): *http://www.cdc.gov/vaccines*
American College Health Association (ACHA): *www.acha.org*

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Immunization records are required prior to registration.
Please follow these steps to satisfy your immunization requirements:

1. Type the student information into Part 1.
2. Complete the information in Part 2.
3. Print this page and sign Part 2.
4. Bring to your health-care provider to complete Part 3.
5. Return the completed form to the Health Service Center.

PART 1: Student Information

To be completed by the student

Name of Student: _____
Last Name First Name Middle Initial

Date of Birth	CUNY ID (*or* last 4 digits of SS#)	Phone Number	Email Address
_____/_____/_____ mm dd yyyy	_____	(____) _____	_____

PART 2: Meningococcal Meningitis

To be completed by the student

Instructions to the student: Please check one box only in Section A, and sign Section B.

A.	☐ I have read and received the meningococcal (MCV4) vaccine at age 16 or older on: ☐ I have read the attached information, and I **will not** receive the vaccine.	_____/_____/_____ mm dd yyyy
B.	_____ Student's signature (parent's signature for students under age of 18.)	_____/_____/_____ mm dd yyyy

PART 3: Immunization History

To be completed by the health-care provider

Instructions to the health-care provider: All dates must include month, day, and year. Please mark an (X) in the appropriate boxes.

A.		**MMR** (measles, mumps, rubella) – if given as a combined dose instead of individual immunizations		
		☐ Dose 1 Immunized after 1 year of age and after 1972		_____/_____/_____ mm dd yyyy
		☐ Dose 2 Immunized after 1972 and at 5 years of age or older		_____/_____/_____ mm dd yyyy
		☐ **Measles** Dose 1	Immunized on or after 1 January 1968 or after first birthday	_____/_____/_____ mm dd yyyy
		and		
	or	☐ **Measles** Dose 2	Immunized at least 28–30 days after the first dose	_____/_____/_____ mm dd yyyy
		☐ **Rubella**	Immunized with vaccine on or after 1 year of age	_____/_____/_____ mm dd yyyy
		☐ **Mumps**	Immunized with live vaccine after 1 year of age and after 1969	_____/_____/_____ mm dd yyyy
		Titer (blood test) showing positive immunity **(Dated lab results must be attached.)**		
		☐ **Measles**		_____/_____/_____ mm dd yyyy
	or	☐ **Rubella**		_____/_____/_____ mm dd yyyy
		☐ **Mumps**		_____/_____/_____ mm dd yyyy

B. Health-care provider information **(Signature and stamp required.)**

Name: _____ Signature: _____

License #: _____ Telephone: _____

Address: _____

Health-care Provider Stamp