QUEENS COLLEGE

# IMMUNIZATION RECORD

**Immunization records are required prior to registration**

***Please complete this form and return it to***

Queens College, Health Service Center, 6530 Kissena Blvd, Frese Hall 3rd Floor, Queens, N.Y. 11367
or email: healthquestions@qc.cuny.edu, or fax: 718-997-2765.

*Document **must** be legible to be processed. Students are responsible for obtaining an official translation of foreign records prior to submission.* ***Students born prior to January 1, 1957 are exempt from the measles, mumps, and rubella requirement.***

***All students must complete Part 3 & 4 - Meningococcal Vaccination Response on reverse side.***

| **Part 1: Student Information** | **-- To be completed by the student --** | | |
|---|---|---|---|
| **Name** (please print)_____ *Last name* *First name* *Middle Initial* | | | |
| **Date of Birth** | **EMPL ID #** | **Daytime phone** | **Email address** |
| ____/____/____ *mm dd yyyy* | __ __ __ __ __ __ __ __ | ( )_____ | _____ |

## Information to Complete Immunization Requirements

**Measles, Mumps, Rubella:**
New York State Public Health Law 2165 requires all students entering a post-secondary institution to provide their health services center with proof of immunity to measles, mumps and rubella. This law applies to students born on or after January 1, 1957, regardless of degree or non-degree status at a CUNY campus.

**ACCEPTABLE PROOF OF IMMUNITY MAY INCLUDE:**
(1) Immunization cards from childhood (yellow card), signed and stamped by the medical provider.
(2) Official immunization records from college, high school or other schools you attended.
(3) Signed and stamped immunization record from your health care provider or clinic.
(4) Copy of lab report, (also known as titer or serology), showing immunity to measles, mumps and rubella.

*****If you attended a CUNY college, your immunization record will be available at your new school*****

| **Part 2: Immunization History** | **-- To be completed by a health care provider -- *Documentation must be included*** | | | |
|---|---|---|---|---|
| **Provider: All dates must include month, day, and year. Please mark an (X) in the appropriate boxes** | | | | |
| **A.** | **Measles, mumps and rubella must be live vaccine and given no more than 4 days prior to first birthday.** | **month** | **day** | **year** |
| | **MMR** *(measles, mumps, rubella) – if given as combined dose instead of individual vaccine.* | | | |
| | ☐ Dose 1: No more than 4 days prior to first birthday, **AND** on or after April 23, 1971 | | | |
| | ☐ Dose 2: At least 28 days after 1st vaccine | | | |
| | ☐ **Measles** (Rubeola) Dose 1: Immunized on or after Jan. 1, 1968 and first birthday **AND** | | | |
| | ☐ **Measles** (Rubeola) Dose 2: Immunized at least 28 days after the first dose | | | |
| | ☐ **Rubella** Immunized after 1969 and on or after first birthday | | | |
| | ☐ **Mumps** Immunized after 1968 and on or after first birthday | | | |
| | **Titer** (blood test) showing positive immunity ***(Labs results & reports MUST be attached)*** | **month** | **day** | **year** |
| | ☐ **Measles** | | | |
| | ☐ **Mumps** | | | |
| | ☐ **Rubella** | | | |
| **B.** | **Health care provider information:** ***(Signature and stamp required)*** | | | |
| | **Name:**_____ **Address:** _____ | | | |
| | **Signature:** _____**License #:**_____**Phone :(** **)**_____ | | | |

QUEENS COLLEGE

# Meningitis Response Form

CUNY requires that all students complete and return the following form to
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or email: healthquestions@qc.cuny.edu, or fax: 718-997-2765.

| **Part 3: Student Information** | **-- To be completed by the student --** | | |
|---|---|---|---|
| **Name** (please print)_____ *Last name* *First name* *Middle Initial* | | | |
| **Date of Birth** | **EMPL ID #** | **Daytime phone** | **Email address** |
| ____/____/____ *mm dd yyyy* | — — — — — — — — — | ( )_____ | _____ |

| **Part 4: Meningococcal Meningitis** | **To be completed by the student** |
|---|---|
| **Instructions:** | ***Please check ONE box only in Section A below and sign and date in Section B*** |
| **A.** | I have (for students under the age of 18: My child has) read, or explained to me, the information regarding meningococcal disease:<br><br>☐ I had meningococcal immunization within the past 5 years*. **The vaccine record must attached (healthcare provider stamp and signature required).**<br><br>☐ I will **not** obtain the meningitis vaccine. I understand the risks of not receiving the vaccine. |
| **B.** | _____ **Student/ Parent Signature if student is under 18 years.** _____/_____/_____ ***mm dd yyyy*** |

*[Note: The Advisory Committee on Immunization Practices recommends that all first-year college students up to age 21 years should have at least 1 dose of Meningococcal ACWY vaccine not more than 5 years before enrollment, preferably on or after their 16th birthday, and that young adults aged 16 through 23 years may choose to receive the Meningococcal B vaccine series. College and university students should discuss the Meningococcal B vaccine with a healthcare provider.]

***How do I get more information about meningococcal disease and vaccination?***

- Contact your primary care provider or your Student Health Services at 718-997-2760 or *visit our website at:* www.qc.cuny.edu/health

**Additional information is also available on the following websites**:

- www.health.state.ny.us (New York State Department of Health)
- http://www.cdc.gov/vaccines/vpd-vac/ (Centers for Disease Control and Prevention)
- www.acha.org (American College Health Association)

**TO SUBMIT IMMUNIZATION RECORDS:**

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**Fax : 718-997-2765**
**Email: healthquestions@qc.cuny.edu**

| **Part 5: For Office of Health Services Staff Use Only** |
|---|
| ***Processed by:*** ***rec:***_____ ***ent:***_____ |
| ***Staff Name:***_____ ***Staff Signature:*** _____ ***Date:***_____ |