RECORD OF IMMUNIZATION

STUDENT ________________________________________ Birth Date ____________________________

Please Print

New York State Law #2165 requires all students born on or after January 1, 1957 to have on file proof of immunity from measles, mumps, and rubella. These vaccinations must have been given on or after your first birthday. ALL STUDENTS must complete Section A - Proof of Immunization, or Section B - Request for Exemption, and return this form with any required documents to the Admissions Office prior to registration.

SECTION A - PROOF OF IMMUNIZATION (To be completed by your primary health physician):

<table>
<thead>
<tr>
<th>1. Measles (Rubeola):</th>
<th>1st dose</th>
<th>2nd dose</th>
<th>Physician diagnosed disease or Titer readings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both vaccinations must be given after 1967, and the first birthday, and the second on or after 15 months of age. Vaccinations must not have been given concomitantly with IG or ISG.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Mumps:</th>
<th>1st dose</th>
<th>2nd dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccinations must have been given on or after the first birthday. Vaccinations must not have been given concomitantly with IG or ISG.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Rubella (German Measles):</th>
<th>1st dose</th>
<th>2nd dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccinations must have been given on or after the first birthday. Vaccinations must not have been given concomitantly with IG or ISG.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Physician diagnosis of Rubella is not acceptable.

Examining Physician _____________________________ Date ____________
Signature required

Street ____________________ City ____________________ State _______ Phone ____________

SECTION B - REQUEST FOR EXEMPTION

Students may be given an exemption for one of the following reasons upon providing the required documents:

☐ BORN BEFORE JANUARY 1, 1957

Documentation Required:
- Provide Date of Birth: _______/_______/_______

☐ MEDICAL CONTRAINDICATION

Documentation Required:
Statement from your primary health physician verifying your contraindication stating the reason and period of contraindication. Immunization will be required at such time that no contraindication exists.

☐ RELIGIOUS BELIEFS

Documentation Required:
Statement from you reflecting that you have genuine and sincere religious beliefs which are contrary to the practice of immunization.
I understand that if an outbreak of measles, mumps or rubella occurs on campus, students who have received religious conviction or medical exemptions and students who are in the process of completing immunization requirements may be excluded from attending classes and residing on campus.

STUDENT SIGNATURE ___________________________ DATE ____________