

Health Center
2001 Oriental Boulevard, Room. A108
Brooklyn, New York 11235
P # (718) 368-5684, F # (718) 368-5024

IMMUNIZATION RECORD

Name: (Last) _____ (First) _____

Address: _____ Date of Birth: ____/____/____
(including City & State)

Phone: _____ Empl#: _____ Sex: ___ Male ___ Female

***NYS Public Health Law 2165 now requires post-secondary students to show protection against measles, mumps and rubella.
Persons born prior to January 1, 1957 are exempt from this requirement***

REQUIRED: Measles (Rubeola) Immunity – Must have one of the following:

- 1. TWO dates of Measles Immunization: (1) _____ (2) _____
All doses must have been given on or after 01/01/68. The first dose must have been given on or after the first birthday and the second dose given at least 30 days after the first dose, but not before 15 months of age.
- 2. Measles Titer (Lab Report Required): _____ Results: _____
Date of Titer Immune Not Immune

REQUIRED: Rubella (German Measles) Immunity – Must have one of the following:

- 1. Date of one Rubella Immunization: _____
The dose must have been given on or after 01/01/69 and on or after the first birthday.
- 2. Rubella Titer (Lab Report Required): _____ Results: _____
Date of Titer Immune Not Immune

REQUIRED: Mumps Immunity – Must have one of the following:

- 1. Date of one Mumps Immunization: _____
The dose must have been given on or after 01/01/69 and on or after the first birthday.
- 2. Mumps Titer (Lab Report Required): _____ Results: _____
Date of Titer Immune Not Immune

DATES OF MMR: 1. _____ 2. _____ (Given 30 days apart)

*****To Be Completed By Health Care Provider*****

Name of Physician (print and stamp) Date Signature of Physician

Address Telephone Number

MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE

Check one Box and Sign below.

- I have read the attached information and I received the MCV4 vaccine at age 16 years or older on:
_____/_____/_____
mm dd yyyy
- I have read the attached information, I understand the risks of not receiving the vaccine, and I **will not** receive the vaccine.
- I (my child) will obtain immunization against Meningococcal disease **within 30 days** from my private health care provider or other facility.

Signed _____
(Student)

Date _____

Signed _____
(Parent/Guardian if student is a minor)

Date _____

LAST NAME

FIRST NAME

IMMUNIZATION REQUIREMENTS FOR POST-SECONDARY ADMISSION FOR ALL STUDENTS ONLINE, HYBRID, OR IN PERSON

Meningococcal Disease:

New York State Public Health Law 2167 requires all post-secondary institutions to provide information on meningitis and the meningitis vaccine to all students registering for 6 credits or more (or its equivalent). In addition, each institution is required to maintain a record of the following for such student:

- A response to receipt of meningococcal meningitis disease and vaccine information signed by the student or student's parent/ guardian.
- A certification of meningococcal meningitis immunization given at age 16 years or older of the MCV4 vaccine.
OR
- An acknowledgement of meningococcal meningitis risks and refusal of meningococcal meningitis immunization signed by the student or student's parent or guardian.

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

Contact your primary care provider or your Student Health Center at **Phone # (718) 368-5684**,
Fax # (718) 368-5024, **Email: health.center@kbcc.cuny.edu** or visit our office, **room A108**.

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)

Please visit our website at: <http://www.kbcc.cuny.edu> (**Navigate to Health Center**)

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, who are registered for 6 or more credits (or its equivalent) at a CUNY campus.

ACCEPTABLE PROOF OF IMMUNITY MAY INCLUDE:

1. Immunization cards from childhood (yellow card), signed and stamped.
2. Immunization records from college, high school, or other schools you attended.
3. Signed and stamped immunization record from your health care provider or clinic. **Note:** Immunization records obtained from a public health department immunization information system. Students born after 1994 who were raised in New York City can check the Citywide Immunization Registry for their records by calling 311.
4. Copy of lab report, (also known as titer or serology), showing immunity to measles, mumps and rubella.
5. Proof of honorable discharge from the armed services within 10 years from the date of application will enable the student to attend school pending actual receipt of the immunization records from the armed services.

These laws apply to students taking six credits (or its equivalent) or more regardless of degree or non-degree status.