NEW YORK MEDICAL COLLEGE
A MEMBER OF THE TOURO COLLEGE AND UNIVERSITY SYSTEM
Graduate School of Basic Medical Sciences

STUDENT IMMUNIZATION FORM

To comply with New York State law, the College requires that students born on or after January 1, 1957 show protection against measles, mumps and rubella. Any student without a certificate of immunization or other acceptable evidence of immunity to each disease will be excluded from enrollment or attendance. The Student Immunization Record must be signed by a physician, nurse, or other health professional. You can also submit a copy of lab results documenting seroimmunity, which includes the name and address of the lab.

The law defines adequate immunization as:

Measles: Two doses of measles vaccine administered at least one month apart. Both must be given after 1957, the first after the first birthday and the second on or after 15 months of age. Submission of a date and results of a measles immune titer or a date of physician diagnosed measles disease can also fulfill the requirement.

AND

Mumps: One dose of mumps vaccine administered after the first birthday.
Submission of a date and results of a mumps immune titer is also acceptable.

AND

Rubella: One dose of rubella vaccine administered after the first birthday.
Submission of a date and results of a rubella titer is also acceptable.

OR

The **MMR vaccine** is recommended for measles vaccinations to provide increased protection against all three diseases: measles, mumps, and rubella. Two MMR vaccines or 1 MMR vaccine and 1 measles vaccine can fulfill the immunization requirement in place of the above.

To claim an exemption from this requirement, you may do the following:

1. Submit a statement from your physician. The physician's statement must specify the reason the vaccine is contraindicated and that reason should be consistent with the United States Public Health Service Advisory Committee's statement regarding contraindications. If the physician's statement does not include all diseases, the student must meet the immunization requirements for those diseases not covered by the statement.

2. Submit a signed statement indicating an opposition to immunization because of a sincere religious belief.

Upon the documentation of a single case of measles, mumps or rubella occurring within the student body, any student so exempted from these requirements will be excluded from attending classes for a specified period.

Please submit this form to:

New York Medical College
Office of Admissions
Graduate School of Basic Medical Sciences
Basic Sciences Building – Room A41
Valhalla, NY 10595

Student Immunization Record – Please type or print in ink.

Name: _____
Last First Middle

Date of Birth: _____Degree/Program: _____

NOTE: SPECIFY MONTH, DAY, AND YEAR FOR ALL DATES

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

Date of measles vaccine:

1 _____ (after 1st birthday)

2 _____ (on or after 15 months of age)

Or Date of measles immune titer: _____ and results of titer _____

Or Date of physician diagnosed measles disease: _____

Signature of diagnosing physician:
_____Date:_____

Print Name:_____

Title:_____

Mumps Immunity. Must have one of the following:

Date of mumps vaccine: _____ (after 1st birthday)

Or Date of mumps titer: _____ and results of titer _____

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

Date of rubella vaccine: _____ (after 1st birthday)

Or Date of rubella titer: _____ and results of titer _____

MMR Vaccine. Can fulfill requirement in place of above:

Dates of 2 MMR vaccines 1) _____ 2) _____

Or Date of 1 MMR vaccine: _____ and date of 1 measles vaccine:_____

Varicella (Chicken Pox) - DOCUMENTATION OF VARICELLA DISEASE IS NOT ACCEPTABLE

If Varicella IGG is negative, documentation of (two) 2 doses of the Varivax vaccine given four (4) weeks apart is required prior to matriculation.

Varicella IGG Titer Date: ____ /____/____ Result: _____

Varivax #1 Date: ____ /____ /____ Varivax #2 Date: ____ /____ /____

I CERIFY THAT THIS STUDENT HAS RECEIVED THE ABOVE IMMUNIZATIONS INDICATED.

_____

Physician's Signature Date

Print Name: _____

Address: _____

Attach a note with signature if there are any specific reasons why any of these vaccines cannot be given to the student.

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MENINGOCOCCAL MENINGITIS FORM

New York State Public Health Law requires that all college and university students be informed about meningococcal meningitis and the availability of a vaccine against it. In order to allow us to fulfill the requirements of this law, **you must** return this form to the GSBMS office in Room A41 in the Basic Sciences Building **before you register for classes**. You can also fax the form to: 914-594-4944. If we do not receive this form, you will not be allowed to register for classes.

Student's Information - Please type or print in ink.

First and Last Name: _____

Date of Birth: ____/_____/_____ Social Security #: __ __ __ - __ __ - __ __ __ __

Address: _____

_____

Phone Number: _____ E-mail address: _____

To be completed and signed by student (check one box and sign).

❑ I have had the meningococcal meningitis immunization

Date vaccine was received: _____

❒ I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that I will **NOT** obtain immunization against meningococcal meningitis disease. For more information visit the CDC's meningococcal disease website (**http://www.cdc.gov/meningococcal/about/index.html**).

_____ _____
Student's Signature Date