

IMMUNIZATION RECORD

Immunization records are required prior to registration

*Please complete this form and Upload it via the CUNY First Student Self-Service Document Upload. 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 the Online Meningitis Acknowledgment Form discussed in Part 3, 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				
____/____/____ <i>mm dd yyyy</i>	_____	() _____	_____				

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) 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.
- (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.

****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 (<i>measles, mumps, rubella</i>) – if given as combined dose instead of individual vaccine.								
	<input type="checkbox"/> Dose 1: No more than 4 days prior to first birthday, AND on or after April 23, 1971 <input type="checkbox"/> Dose 2: At least 28 days after 1 st vaccine								
O R	<input type="checkbox"/> Measles (Rubeola) Dose 1: Immunized on or after Jan. 1, 1968 and first birthday AND								
	<input type="checkbox"/> Measles (Rubeola) Dose 2: Immunized at least 28 days after the first dose								
	<input type="checkbox"/> Rubella Immunized after 1969 and on or after first birthday								
	<input type="checkbox"/> Mumps Immunized after 1968 and on or after first birthday								
O R	Titer (blood test) showing positive immunity (<i>Dated lab results MUST be attached</i>)						month	day	year
	<input type="checkbox"/> Measles								
	<input type="checkbox"/> Mumps								
	<input type="checkbox"/> Rubella								
B.	Health care provider information: (<i>Include official stamp</i>)								
	Name: _____				Address: _____				
Signature: _____				License #: _____		Phone :() _____			

New York State Public Health Law requires that all college and university students enrolled complete *the On-line Meningitis Acknowledgment Form*.

Part 3: Meningococcal Meningitis Online Acknowledgement Form

A.	<p>How do I complete the on-line acknowledgement? If under 18 a parent/guardian must complete the form.</p> <ul style="list-style-type: none"> • Log into your <i>CUNY First</i> account at https://home.cunyfirst.cuny.edu • Navigate to <i>Self Service</i> • Then <i>Student Center</i> • In the Academics section select <i>Enroll</i> • Select <i>Add Classes</i> • In the Add Classes section locate the <i>Meningitis Acknowledgment Form</i> link • Complete the form after reading the information in the section. <p>For more detailed instructions follow the link below:</p> <p style="text-align: center;">https://www.cuny.edu/wp-content/uploads/sites/4/page-assets/about/administration/offices/cis/cunyfirst/training/students/Submit-Immunization-Meningitis-Acknowledgement-Form.pdf</p> <p style="color: red;"><i>If you indicate that you have received the meningitis vaccine within the past 5 years, you must upload proof of this via the CUNY Self-Service Document Upload.</i></p>
B.	<p>[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.]</p>

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

- Contact your primary care provider or Student Health Services at 718-518-6542 or the Wellness Office at 718-518-4483.

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:

Use your CUNY First account to access the Student Self-Service Document Upload. Watch video instructions at https://youtu.be/43_l6uhmWjQ for help with uploading immunization documents.

Questions? Email: immunization@hostos.cuny.edu or call the Health Services Office at 718-518-6542

Part 4: For Office of Health Services Staff Use Only

<i>Processed by:</i> _____	<i>rec:</i> _____	<i>ent:</i> _____
<i>Staff Name:</i> _____	<i>Staff Signature:</i> _____	<i>Date:</i> _____