



IMMUNIZATION REQUIREMENTS

Must be completed by ALL students.

Supporting documentation and/or physician signature/stamp is required.

Student's Name _____ Date of Birth ____/____/____

1. **NYS Public Health Law 2165 mandates** students born after January 1, 1957 **enrolled in six (6) credit hours or more per semester** provide documented proof of immunity (vaccines or titer (blood) test results) against measles, mumps, and rubella.

MMR #1 (Measles, Mumps, Rubella) Date: ____/____/____

MMR #2 (Measles, Mumps, Rubella) Date: ____/____/____

OR Documentation of immunity to measles, mumps, and rubella by separate vaccines or (blood) titer tests

Measles 1 Date: ____/____/____ **or** Positive/Immune Measles Titer Date: ____/____/____

Measles 2 Date: ____/____/____

Mumps Date: ____/____/____ **or** Positive/Immune Mumps Titer Date: ____/____/____

Rubella (German measles) Date: ____/____/____ **or** Positive/Immune Rubella Titer Date: ____/____/____

2. **NYS Public Health Law 2167 mandates** ALL students, regardless of age, to provide proof of the meningococcal meningitis vaccine or a signed declination statement. Please complete: **MENINGOCOCCAL VACCINATION RESPONSE FORM.**

3. The following vaccinations are **not** required but are recommended by the CDC for adults between the ages of 19 and 26:

- Chickenpox vaccine (varicella) [<https://www.cdc.gov/vaccines/vpd/varicella/public/index.html>]
- COVID-19 vaccine [<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>]
- Flu vaccine (influenza) [<https://www.cdc.gov/vaccines/vpd/flu/index.html>]
- Hepatitis B vaccine [<https://www.cdc.gov/vaccines/vpd/hepb/index.html>]
- HPV vaccine (human papillomavirus) [<https://www.cdc.gov/hpv/index.html>]
- Tdap vaccine (Tetanus, diphtheria, and whooping cough) [<https://www.cdc.gov/vaccines/vpd/pertussis/index.html#vacc>]
- or **Td** (tetanus, diphtheria) [<https://www.cdc.gov/vaccines/vpd/tetanus/index.html>]

4. Tuberculosis (TB) screening is required for international students, nursing students (prior to clinical placement), and students at high risk due to travel, exposure, or other reasons. PLEASE COMPLETE: **TUBERCULOSIS (TB) SCREENING FORM.**

ATHLETES ONLY! Sickle Cell testing is required for all NCAA athletes. Please provide proof of testing and results.

New York State screens all infants for sickle cell disease/trait as part of the Newborn Screening panel. The following options are available for obtaining sickle cell disease/trait status:

- Obtain a lab order from your health care provide and have a blood test
- Contact your pediatrician or birth hospital for results
- Have your current health care provider request NYS newborn screening results from the Newborn Screening Program
- Request a copy of your own results from the Newborn Screening Program. Students over 18 or parent/guardians of students under 18 can visit the following website for instruction and to access the request form:
<https://www.wadsworth.org/programs/newborn/screening/providers/obtaining-results>

Students who are currently NYS residents but who were not born in NYS should contact the newborn screening program in the State they were born for results.

Please attach supporting documentation OR medical provider signature/stamp

Physician's Stamp

MD, NP, or PA's Signature

Date

MD, NP, or PA's Printed Name

Address, City, State

