



Last (Please Print): _____ First: _____ MI: _____

Date of Birth: ____/____/____ Gender: M F Other Student ID/SS#: _____

Home Address: _____

Phone #: (____) _____ Cell Landline

IMMUNIZATION REQUIREMENTS:

New York State Public Health Law 2165 requires that ALL students attending college, taking 6 or more credit hours who were born ON or AFTER January 1, 1957, provide proof of immunity to measles, mumps and rubella. A copy of an official record (such as a high school record or military record) may be submitted in lieu of completing this section. A titer proving immunity for each is an acceptable alternative to receiving the immunizations. A copy of the result is required. Please attach to this form.

MEASLES MUMPS & RUBELLA (MMR) REQUIRED:

Two doses are needed. Must be given after 01/01/1969 and ON or AFTER the first birthday and must be at least 28 days apart:

#1 (date) _____ Dose #2 (date) _____

OR

Measles (Rubeola) Dose #1 (date) _____ Dose #2 (date) _____

Mumps (date) _____

Rubella (date) _____

Tb MANTOUX: REQUIRED for International students and students enrolled in the PTA, Childhood Education or Early Childhood Education Programs.

Date: _____ Result (in mm) _____

Chest x-ray if positive Date: _____ Result: _____

OTHER VACCINATIONS RECEIVED (OPTIONAL):

Hepatitis B Vaccine: Dose #1 (date) _____ Dose #2 (date) _____ Dose #3 (date) _____

Hepatitis A Vaccine: Dose #1 (date) _____ Dose #2 (date) _____

Varicella Vaccine: Dose #1 (date) _____ Dose #2 (date) _____

TD Booster or TDap: (Circle which) (date) _____

MENINGITIS RESPONSE FORM: Check one box and sign:

I have (for students under the age of 18: My child has):

had meningococcal meningitis immunization within the past 5 years. Date received: _____

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 (my child) will NOT obtain immunization against meningococcal meningitis disease.

REQUIRED: Student's Signature _____ Date: _____

RETURN FORM TO: Herkimer College State University of New York

Dean of Students Office 315.866.1808 FAX
 100 Reservoir Road DeanofStudents@Herkimer.edu
 Herkimer, NY 13350 Questions? Call 315.574.4009

**PROOF OF IMMUNIZATIONS IS
REQUIRED FOR**

ALL STUDENTS
taking 6 credits or more on campus

You may use the form on the reverse of this page
or one provided by your physician.



Herkimer
THE STATE UNIVERSITY OF NEW YORK