



# Herkimer

THE STATE UNIVERSITY OF NEW YORK

Last \_\_\_\_\_

First: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student ID/SS#: \_\_\_\_\_

Residential:  Commuter:  Athlete:

## Childhood Ed, Early Childhood & PTA

### PROOF OF IMMUNIZATIONS MUST BE SUBMITTED PRIOR TO BEGINNING CLASSES

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:** New York State Public Health Law requires that ALL students attending college, taking 6 or more credit hours, provide proof of immunity to Measles, Mumps and Rubella. 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. If you were born prior to January 1, 1957, you are exempt from this immunization requirement, but must complete the rest of the requirements.

<b>MMR (Combined)</b>	<b>OR</b>	<b>MMR (Separate)</b>	<b>OR</b>	<b>Titer</b>
#1 ____/____/____		Measles #1 ____/____/____		Measles ____/____/____ Result ____
#2 ____/____/____		Measles #2 ____/____/____		Mumps ____/____/____ Result ____
		Mumps ____/____/____		Rubella ____/____/____ Result ____
		Rubella ____/____/____		

**Tb MANTOUX:**

Date: \_\_\_\_\_ Result (in mm) \_\_\_\_\_ Chest x-ray (if positive) Date: \_\_\_\_\_ Result: \_\_\_\_\_

**MENINGITIS IMMUNIZATION/WAIVER REQUIRED:** Public Health Law makes it mandatory that ALL college students taking 6 or more credits on campus receive information about Meningitis Disease and Vaccine and provide a record of receiving the Meningitis Vaccine within the past 5 years OR sign a waiver declining the vaccine.

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

- had meningococcal meningitis immunization within the past 5 years. Date \_\_\_\_/\_\_\_\_/\_\_\_\_
- 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.

Student's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**OTHER VACCINATIONS RECEIVED (RECOMMENDED):** This vaccine is **recommended** at this time, please be aware that it **will become mandatory** for all students once the vaccines receive FDA approval.

COVID Vaccine: Dose #1 \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Dose #2 \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Manufacturer \_\_\_\_\_

**COPY OF VACCINE  
 CARD MUST BE  
 ATTACHED**

**OTHER VACCINATIONS RECEIVED (OPTIONAL):**

Hepatitis B Vaccine:	Dose #1 ____/____/____	Varicella Vaccine:	Dose #1 ____/____/____
	Dose #2 ____/____/____		Dose #2 ____/____/____
	Dose #3 ____/____/____	TD Booster or TDap:	Dose #1 ____/____/____
Hepatitis A Vaccine:	Dose #1 ____/____/____	(Circle which)	Dose #2 ____/____/____
	Dose #2 ____/____/____		

**RETURN FORM TO:**

Herkimer College  
 State University of New York  
 Dean of Students Office  
 100 Reservoir Road  
 Herkimer, NY 13350

315.866.1808 FAX  
 or  
 email [DeanofStudents@Herkimer.edu](mailto:DeanofStudents@Herkimer.edu)

Questions? Call 315.574.4009