



Last _____

First: _____ MI: _____

Date of Birth: ____/____/____

Student ID/SS#: _____

Residential: Commuter: Athlete:

International Students

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.

MMR (Combined)	OR	MMR (Separate)	OR	Titer	
#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 ____/____/____
 Dose #2 ____/____/____
 Dose #3 ____/____/____
 Hepatitis A Vaccine: Dose #1 ____/____/____
 Dose #2 ____/____/____

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

Questions? Call 315.574.4009