



Herkimer

THE STATE UNIVERSITY OF NEW YORK

Last _____

First: _____ MI: _____

Date of Birth: ____/____/____

Student ID/SS#: _____

Residential: Commuter: Athlete:

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 ____/____/____			

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 ____/____/____

Varicella Vaccine: Dose #1 ____/____/____
Dose #2 ____/____/____
Date: ____/____/____

Hepatitis A Vaccine: Dose #1 ____/____/____
Dose #2 ____/____/____

Tb Mantoux: Result _____ (in mm)
Chest x-ray (if Mantoux is positive)

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

Date ____/____/____
Result _____

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