

IMMUNIZATION RECORD FORM

Immunization records are required prior to registration

Upload this form and your proof to the Student Repository/ [CUNYfirst Document Uploader](#)

If any portion of this document is illegible, it will not be processed.

*Students born prior to January 1, 1957 are exempt from the measles, mumps, and rubella requirement. All students must complete Part 1 and Part 3: Meningococcal Vaccination Response (on reverse side).

Part 1: Student Information (Please Print)			Date of Birth
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	____/____/____ MM DD YYYY
Your EmplID is an 8-digit number found in your CUNYfirst account.	Empl ID #	Daytime Telephone #	E mail Address
_____	_____	_____	_____

Measles, Mumps, Rubella: New York State Public Health Law 2165 requires all students entering a post-secondary institution to provide their health services center with proof of immunity to measles, mumps and rubella. This law applies to students born on or after January 1, 1957, who are registered for 6 or more credits (or its equivalent) regardless of degree or non-degree status at a CUNY campus.

Acceptable Documentation: (Students are responsible for obtaining an official translation of foreign records prior to Submission)

****Documentation must be submitted with this form****

- Immunization cards from childhood (yellow card), signed and stamped.
- Signed and stamped immunization records from college, high school, employer or other schools you attended.
- Signed and stamped immunization record from your health care provider or clinic. **Note:** Immunization records can be obtained from a public health department immunization information system. Students born after 1994 who were raised in New York City can check the Citywide Immunization Registry for their records by calling 311.
- Copy of lab report, (also known as titre or serology), with reference ranges showing immunity to measles, mumps and rubella.

Must also be stamped or have the laboratory address on the report.

- Proof of honorable discharge from the armed services within 10 years from the date of application will enable the student to attend school pending actual receipt of the immunization records from the armed services.

****If you attended a CUNY college, your immunization record should be available at your new school****

Part 2: Immunization History Submit the documents indicated above AND have Part A & B completed by a health care provider			
Provider: All dates must include month, day, and year. Please check off the appropriate boxes.			
A.	Measles, mumps and rubella must be live vaccine and given no more than 4 days prior to first birthday.	month	day
	MMR (measles, mumps, rubella) – if given as combined dose instead of individual vaccine.		
	<input type="checkbox"/> Dose 1: Immunized after April 22, 1971 and no more than 4 days prior to the first birthday		
	<input type="checkbox"/> Dose 2: Immunized at least 28 days after the first vaccine.		
O R	<input type="checkbox"/> Measles (Rubeola) Dose 1: Immunized on or after Jan. 1, 1968 and first birthday AND		
	<input type="checkbox"/> Measles (Rubeola) Dose 2: Immunized at least 28 days after the first dose		
	<input type="checkbox"/> Rubella Immunized after 1969 and on or after first birthday		
	<input type="checkbox"/> Mumps Immunized after 1968 and on or after first birthday		
O R	Positive IgG Titer (blood test) showing immunity. (Dated lab results with reference ranges MUST be attached)	month	day
	Titer (blood test) showing positive immunity (Dated lab results MUST be attached)		
	<input type="checkbox"/> Measles		
	<input type="checkbox"/> Mumps		
	<input type="checkbox"/> Rubella		
B.	Health care provider information: (Please include official stamp)		
	Name: _____ Address: _____		
	Signature: _____ License #: _____ Phone :() _____		

New York State Public Health Law requires that all college and university students enrolled for at least six (6) semester hours or the equivalent per semester, or at least four (4) semester hours per quarter, complete and return the following form to Hunter College Immunization Records.

Part 3: Meningococcal Meningitis	To be completed by the student or parent/guardian
<p>Instructions:</p> <p>(1) Please read the Meningococcal Disease Fact Sheet (Link below).</p> <p>(2) Check only <u>one</u> box in Section A.</p> <p>(3) Sign and date Section B. If you are under 18 years old, Part B must be signed by your parent/ guardian.</p>	
A.	<p>I have (for students under the age of 18: My child has):</p> <p><input type="checkbox"/> had meningococcal immunization within the past 5 years. The vaccine record is attached.</p> <p>Note: The Advisory Committee on Immunization Practices recommends that all first-year college students up to age 21 years should have at least 1 dose of Meningococcal ACWY vaccine not more than 5 years before enrollment, preferably on or after their 16th birthday, and that young adults aged 16 through 23 years may choose to receive the Meningococcal B vaccine series. College and university students should discuss the Meningococcal B vaccine with a healthcare provider.</p> <p><input type="checkbox"/> read, or have had explained to me, the information regarding meningococcal disease. I (my child) will obtain immunization against meningococcal disease within 30 days from my private health care provider or other health facility.</p> <p><input type="checkbox"/> read, or have had explained to me, the information regarding meningococcal disease. I understand the risks of not receiving the vaccine. I have decided that I (my child) will not obtain immunization against meningococcal disease.</p>
B.	<p>_____ / ____ / ____</p> <p>Student/ Parent Signature if student is under 18 years. mm dd yyyy</p>

How do I get more information about meningococcal disease and vaccination?

- Contact your primary care provider or Immunization Records at 212.772.4800 or *visit our website at:* <https://hunter.cuny.edu/students/health-wellness/immunization-records/immunization-requirements/>

Additional information is also available on the following websites:

- www.health.state.ny.us (New York State Department of Health)
- www.cdc.gov/vaccines/vpd-vac/ (Centers for Disease Control and Prevention)

TO SUBMIT IMMUNIZATION RECORDS: Only online submissions are accepted via [CUNYfirst Document Uploader](#).

IMMUNIZATION RECORDS OFFICE: 695 Park Avenue, 307 North, New York, NY 10065 | T: 212.772.4800 | wellness@hunter.cuny.edu

Part 4: For Immunization Records Staff Use Only			
<i>Processed by:</i> _____		<i>Rec Date:</i> _____	
<i>Staff Name:</i> _____	<i>Staff Signature:</i> _____	<i>Ent Date:</i> _____	