

IMMUNIZATION RECORD

Name: _____
Last Name First Name M.I.

Address: _____
Street City Zip

Date of Birth: / / S.S. # / / - / - / / /
Mo Day Yr

Status: Part-Time Full-Time Graduate Undergraduate Professional
 Resident Commuter

PART I - TO BE COMPLETED AND SIGNED BY STUDENT OR PARENT/GUARDIAN FOR STUDENT UNDER THE AGE OF 18:

MENINGOCOCCAL: Meningitis (Meningococcal) Vaccine is REQUIRED for all ATHLETES and RESIDENT students. It is optional for all other students at the current time.

Check one box:

Quadrivalent polysaccharide vaccine (Menomune™ or Menactra)..... Date: / / *
*Documentation by HealthCare Provider required.

I have 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.

Sign: _____ Date: _____

PART II - TO BE COMPLETED AND SIGNED BY YOUR HEALTH CARE PROVIDER:

REQUIRED as per NYS law §2165; students must be immunized against measles, mumps and rubella. This law applies to all students born on or after January 1, 1957:

A. M.M.R. (Measles, Mumps, Rubella) Two doses required:

Dose 1 given at age 12-15 months or laterDate: / /
Mo Day Yr

Dose 2 given at age 4-6 years or later, and at least one month after first doseDate: / /
Mo Day Yr

OPTIONAL:

B. TETANUS-DIPHTHERIA (Primary series with DTaP or DTP and booster with Td in the last ten years meets requirement. Refer to ACIP for details.)

1. Primary series of four doses with DTaP or DTP:

#1: / / #2: / / #3: / / #4: / /
Mo Yr Mo Yr Mo Yr Mo Yr

2. Tetanus-Diphtheria (Td) booster within the last ten years..... / /
Mo Yr

C. POLIO (Primary series in childhood meets requirement; three primary series schedules are acceptable. Refer to ACIP for details.)
 OPV alone, 3 doses; IPV alone, 4 doses; IPV/OPV sequential, 4 doses.

Completed Primary Series / /

