



Student Immunization Record Form

Metropolitan College of New York

Admissions Office
60 West Street • New York, NY 10006
Phone: 1-800-33-THINK ext. 5001 • Facsimile: 212.343.8470
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Last Name First Middle Social Security Date of Birth (M/D/Yr)

Address City State Zip Code

NYS Public Health Law 2165 requires college students to present documentation that they have received vaccination against measles, mumps and rubella (MMR).

Persons born on or after January 1, 1957 must submit this form.

Return to Admissions Office before registration.

REQUIRED: Measles (Rubella) Immunity • Must have one of the following:

1. TWO dates of Measles Immunization: (1) _____ (2) _____
Both must be given after 1967. The first after the first birthday, and the second on, or after 15 months of age.
2. or Dates of Measles Titer _____ Results _____
3. or Date of physician diagnosed Measles disease _____ AND signature of diagnosing physician _____

REQUIRED: Mumps Immunity • Must have one of the following:

1. Date of at least one Mumps Immunization: _____ This must be on or after the first birthday.
2. or Date of Mumps Titer _____ Results _____
3. or Date of physician diagnosed Mumps disease _____ AND signature of diagnosing physician _____

REQUIRED: Rubella (German Measles) Immunity • Must have one of the following:

1. Date of at least one Rubella Immunization: _____ This must be on or after the first birthday.
2. or Date of Rubella Titer _____ Results _____

Physician's diagnosis of previous rubella **is not acceptable.**

Physician: Please stamp. The Admissions Office will not accept this form without physician's official stamp.