Student Immunization Record Form

Metropolitan College of New York
Admissions Office
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<table>
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<tr>
<th>Last Name</th>
<th>First</th>
<th>Middle</th>
<th>Social Security</th>
<th>Date of Birth (M/D/Yr)</th>
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Address: __________________________________________  City: ____________________________  State: ______  Zip Code: __________

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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.