

YESHIVA UNIVERSITY

MMR Immunizations / Meningitis Form

In order to maintain the health of all students, New York State public health law requires that students attending postsecondary institutions in the state submit proof of immunization against certain vaccine preventable diseases. YU students may demonstrate immunity by presenting proof of having received two vaccinations for Rubeola (Measles), two vaccinations for Mumps, and at least one vaccination for Rubella (German Measles) or if given in combination, two M-M-R (Measles, Mumps and Rubella) vaccines. Immunity may also be affirmed by providing the results of a laboratory test (immune titer) for each disease and a copy of the report.

Student's Name _____ YU ID# _____ Date of Birth _____
Email _____ School/Program _____ Cell Phone # _____

MANDATORY IMMUNIZATIONS

Two Measles Mumps and Rubella (MMR) vaccinations

Date 1: Immunization no more than 4 days prior to student's first birthday

Date _____

Date 2: Immunization at least 28 days after 1st vaccination

Date _____

If born before 1957, indicate birth date

Date of Birth _____

or

Two Measles (Rubeola) vaccinations

Date 1: Immunization no more than 4 days prior to student's first birthday

Date _____

Date 2: Immunization at least 28 days after 1st vaccination

Date _____

Date of positive immune titer (attach lab report)

Date _____

Rubella (German Measles) vaccination

Date 1: Immunization with rubella vaccine, no more than 4 days prior to student's first birthday, and after January 1, 1957

Date _____

Date of positive immune titer (attach lab report)

Date _____

Two Mumps vaccinations

Date 1: Immunization on or after first birthday and after January 1, 1957

Date _____

Date of positive immune titer (attach lab report)

Date _____

Physician Name (office stamp required) _____

Note: While meningitis vaccination is recommended by the NYS Department of Health but is not mandatory, a completed Meningitis Vaccination Response form (see below) must be submitted by every student.

MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE FORM

New York State Public Health Law requires that all college and university students enrolled for at least six semester hours or the equivalent per semester, or at least four semester hours per quarter, must complete and return this form.

COMPLETE THE INFORMATION SECTION BELOW; CHECK ONE RESPONSE BOX, SIGN AND DATE

I have:

- had the Meningococcal Meningitis immunization (Menomune™ or Menactra™) within the past 10 years.

Date received _____

- read the information regarding Meningococcal Meningitis, available on the Web at <http://www.cdc.gov/meningococcal/>, or http://www.health.ny.gov/diseases/communicable/meningococcal/fact_sheet.htm, or <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening.pdf>

I will obtain immunization against Meningococcal Meningitis within 30 days from my private health care provider.

- read the information regarding Meningococcal Meningitis, available on the Web at <http://www.cdc.gov/meningococcal/>, or http://www.health.ny.gov/diseases/communicable/meningococcal/fact_sheet.htm

I understand the risks of not receiving the vaccine. I have decided I will **not** obtain immunization against Meningococcal Meningitis.

Signature _____ Date _____

Student (if 18 years or older), otherwise parent

Please email or fax the completed form to the Yeshiva University Office of Student Health
yuHealthCenter@yu.edu Fax: 646-685-0395