

YESHIVA UNIVERSITY

Please return this form to: _____ by fax: _____ or mail/in person to: _____.
Students who fail to return a completed form may be prohibited from registering and/or attending classes.

PROOF OF IMMUNIZATION

NYS law and University policy require all students born on or after January 1, 1957 to prove immunity to measles, mumps and rubella.

TO BE COMPLETED BY STUDENT:

Student Name: _____

YU ID: _____ Birth Date: _____

Cell Phone #: _____ Email: _____

TO BE COMPLETED BY HEALTH CARE PROVIDER:

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 _____

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

Date _____

Rubella (German Measles) vaccination

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

Date _____

Date of positive immune titer

Date _____

Two Mumps vaccinations

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

Date _____

Date of positive immune titer

Date _____

Provider Name : _____

Provider Signature: _____

Provider Stamp: _____ Date: _____

MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE FORM

NYS law and University policy require the University to distribute information to students about meningococcal meningitis and the vaccine that protects against the disease, and to collect and maintain a record of each student's decision regarding meningitis vaccination.

TO BE COMPLETED BY STUDENT:

I have:

_____ had the Meningococcal Meningitis immunization (Menomune™ or Menactra™) within the past 5 years.
Date received: _____

_____ read the information regarding Meningococcal Meningitis, available on the Web at
<http://www.cdc.gov/meningococcal/>
http://www.health.ny.gov/diseases/communicable/meningococcal/fact_sheet.htm
<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 or through the Yeshiva University student health service network, and I will forward proof of vaccination to the University.

_____ read the information regarding Meningococcal Meningitis, available on the Web at
<http://www.cdc.gov/meningococcal/>
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.

Student Signature: _____ Date: _____