Yeshiva University Student Immunization Form

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. Please submit this form before your first day of classes, as the law allows only a short grace period before a student who is not in compliance may no longer be on campus.

Part 1: Student Information

Name: _____ **Date of Birth:** _____/_____/_____
month day year

YU ID#: _____ **School/Program:** _____

Email: _____ **Cell Phone:** _____

Part 2: Measles, Mumps, and Rubella

All students born on or after January 1, 1957 are required to demonstrate immunity to measles, mumps, and rubella by presenting proof of having received two vaccinations for Measles (Rubeola), at least one vaccination for Mumps, and at least one vaccination for Rubella (German Measles), or if given in combination, two MMR (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.

A

Two Measles, Mumps, and Rubella (MMR) Vaccinations (Attach Documentation)

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

2nd MMR Dose: Immunization at least 28 days after first vaccination Date: _____

OR

Individual Measles, Mumps, and Rubella Vaccinations (Attach Documentation)

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

2nd Measles Dose: Immunization at least 28 days after first vaccination Date: _____

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

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

OR

Titer Showing Positive Immunity (Must Attach Laboratory Report)

Measles Date: _____

Mumps Date: _____

Rubella Date: _____

B

Healthcare Provider Information (This form must be signed and stamped by a healthcare provider or have attached immunization records.)

Provider Name: _____ **Provider Signature:** _____
(Include Office Stamp)

Part 3: Meningococcal Meningitis Vaccination Response Form

New York State public health law requires all college and university students enrolled for at least 6 semester hours or the equivalent per semester, or at least 4 semester hours per quarter, to complete and return this form.

Information about meningococcal meningitis and vaccination is available at:
https://www.cdc.gov/meningococcal **or** https://www.health.ny.gov/publications/2168

Complete the information section below; check one response box; sign and date.

I have:

☐ had the meningococcal meningitis immunization (Menactra®, Menveo®) **within the past 5 years**. (Must Attach Documentation)

☐ read the information regarding meningococcal meningitis. I **will** obtain immunization against meningococcal meningitis within 30 days from my private health care provider.

☐ read the information regarding meningococcal meningitis. I **will not** obtain immunization against meningococcal meningitis.

Signature: _____ **Date:** _____
Student (if 18 years or older), otherwise parent

Email or fax the completed form to the Yeshiva University Office of Student Health
Email: YUHealthCenter@yu.edu **Fax:** (646) 685-0395