



The New York State Public Health Laws 2165 and 2167 require ALL students attending colleges and universities in New York State who were born on or after January 1, 1957, to:

- 1) Provide documentation proofing immunization against measles, mumps, and rubella.
2) Provide documentation of immunization to Meningitis.

All records must include name, and date of birth, and be in the English language.

This section is to be completed by the student
Last Name: _____ First Name: _____
X Number: _____ Date of Birth: _____

This section is to be completed by your Health Care Provider (MD/DO, NP, or PA) who is not a relative.

Measles (Rubeola), Mumps, Rubella (MMR)

MMR immunization. (It is required by law that students receive TWO doses of the measles vaccine and ONE dose of the mumps and rubella vaccine. An immunization given before 1968 is acceptable only if the immunization record specifies that the vaccine was a live virus vaccine.) A dose of live virus measles, mumps, and rubella vaccine must be administered no more than four days prior to a child's first birthday, and a second dose of live measles, mumps, and rubella vaccine must be administered no less than 28 days after the first dose.

To Fulfill this requirement please complete either Option A, Option B, or Option C

Option A: MMR Vaccination Dates

Table with 3 columns: Description, Vaccine, Date: MM/DD/YYYY. Rows include MMR Dose 1 and MMR Dose 2.

Option B: Measles, Mumps, and Rubella Immunizations are given separately

Table with 3 columns: Description, Vaccine, Date: MM/DD/YYYY. Rows include Measles 1 Vaccination, Measles 2 Vaccination, Mumps Dose 1, and Rubella Dose 1.

Option C: Titers- Positive MMR IgG Antibody titers (lab reports required)

Table with 4 columns: Description, Value, Immune (Y/N), Date: MM/DD/YYYY. Rows include Measles (Rubeola) Titer, Mumps Titer, and Rubella Titer.

Meningitis (1 Dose of ACWY or 2 Doses of Meningitis B)

Table with 4 columns: Vaccine Name (e.g. Menactra, Bexsero), The vaccine was administered after the student's 16th birthday (circle one), The vaccine was administered within five years of enrollment (circle one), Date: MM/DD/YYYY.

Medical Provider Name: _____ Date: ____/____/____

License Number: _____

Medical Providers Signature & Stamp (Both Required): _____

The Student should upload the completed form to the Medcat- St. John's Student Health Portal (signon.stjohns.edu)