The New York State Legislature passed Public Health Law 2165 in June 1989, requiring ALL students attending colleges and universities in New York State who were born on or after January 1, 1957, to be immunized against measles, mumps, and rubella. Documentation of immunization must be completed before classes begin. Students who fail to present adequate documentation will not be permitted to register.

Proof of immunization consists of one of the following:
1. A certificate of immunization signed by your physician or health care provider (see form below)
2. A student health record from a previously attended school that properly documents your immunization history
3. Serologic testing for MMR antibodies with laboratory copy of same proof of immunity
4. Documentation that proves you have attended primary or secondary school in the United States AFTER 1980 as sufficient proof that you have received one dose of live measles virus vaccine
5. A certificate of immunization that documents a dose of measles vaccine was administered within one year prior to attendance at the postsecondary institution (Documentation of mumps and rubella vaccines as stated above must also be provided.)

For physician to complete:
1. This student has received MMR immunization. (It is required by law that students receive TWO doses of measles vaccine and ONE dose of 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.

MMR  (first dose date):________________________ (second dose date):________________________
Measles  (first dose date):________________________ (second dose date):________________________
Mumps  (first dose date):________________________ (second dose date):________________________
Rubella  (first dose date):________________________ (second dose date):________________________

2. Serologic evidence of immunity for MMR (please attach laboratory reports).

Physician’s Signature: ________________________________________________________________
Address: ____________________________________________________________________________
License #: __________________________ Phone: __________________________
Physician’s Stamp: ___________________________________________