



LONG ISLAND UNIVERSITY

MMR FORM

STUDENT INFORMATION:

Name: (Last) _____ (First) _____

Address: _____

Phone: _____ Email: _____

Date of Birth: _____ Starting Semester: _____

New York State Public Health Law mandates all students taking 6 or more credits to complete both pages of this form along with acceptable proof of immunity. Completed forms are due by the following dates: Fall Term-August 1; Spring Term-December 1; and, Summer Term-April 1.

MEASLES, MUMPS AND RUBELLA REQUIREMENTS as mandated by New York State Public Health Law:

MMR (Measles/Mumps/Rubella) Vaccine

Dose 1- Immunized on or after 1 year of age and after 1972 Date ___/___/___

Dose 2- Immunized at least 28 days after first MMR Date ___/___/___

OR

IF VACCINES GIVEN SEPARATELY:

Measles Dose 1- Immunized on or after first birthday Date ___/___/___

Measles Dose 2- Immunized at least 28 days after 1st dose Date ___/___/___

Mumps- Immunized with live vaccine on or after 1st birthday Date ___/___/___

Rubella- Immunized on or after 1st birthday Date ___/___/___

OR

DOCUMENTATION OF DISEASE CONFIRMED BY LICENSED HEALTH CARE PROVIDER

Measles Disease Date ___/___/___

Mumps Disease Date ___/___/___

Rubella Disease- Must be confirmed by blood test Date ___/___/___

OR

Blood test (titers) showing positive immunity. (Copy of LAB RESULTS MUST BE ATTACHED)

Measles-Date ___/___/___ Rubella- Date ___/___/___ Mumps- Date ___/___/___

Acceptable proof of immunity:

Immunization Cards from childhood OR Immunization Records from college, high school or other schools attended, OR Immunization Records from your health care provider or clinic OR completion of this form by health care provider (PROVIDER STAMP REQUIRED). If born before January 1, 1957, proof of age is accepted as proof of immunity.

PROVIDER INFORMATION

Provider Name: _____

Provider signature: _____

License #: _____ State of License: _____

Provider Phone: _____

PROVIDER STAMP:



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