

Immunization Form

Students must complete **STEP 1**. Make sure to complete the **“Meningococcal Meningitis Vaccine”** section below, **sign and date**. **STEP 2** must be completed and **signed/stamped** by your **medical provider** unless you are attaching a copy of OFFICIAL Immunization Records. *For full instructions please refer to Page 2 of this form.*

STEP 1: TO BE COMPLETED BY STUDENT

Please keep your original documents for your records. Send a copy only. We enter the data electronically and **DO NOT** keep copies.

STUDENT ID NUMBER: N _____

Last Name _____ First Name _____ Middle Name _____
 Date of Birth: ____/____/____ Phone Number: _____ E-MAIL ADDRESS: _____
MONTH DAY YEAR

STUDENT STATUS: Taking 6 or more credits or Taking 5 or fewer credits ONLINE ONLY (*Taking classes online exclusively*)
 ESL+Certificate

SEMESTER FOR WHICH YOU ARE REGISTERING: FALL SPRING SUMMER

STUDENTS TAKING 5 OR FEWER CREDITS AND ONLINE ONLY STUDENTS: IF YOU DO NOT COMPLETE STEP 2, YOU WILL NEED TO SUBMIT STEP 1 EVERY SEMESTER. IT IS RECOMMENDED THAT EXEMPTED STUDENTS COMPLETE STEP 2 TO AVOID HAVING A HOLD PLACED ON THEIR ACCOUNT **EACH SEMESTER**.

MENINGOCOCCAL MENINGITIS VACCINE: Please indicate your decision by checking **ONE** of the boxes below, sign and date.

- I have read, or have had explained to me, information regarding meningococcal meningitis disease. I (my child) WILL obtain immunization against meningococcal meningitis within 30 days of the start of school from a health care provider or through Student Health Services at cost.
- I have had the meningococcal meningitis immunization **within the past 5 years**. The vaccine record is attached.
- I have read, or have had explained to me, the information regarding the meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that I (my child) WILL NOT obtain immunization against meningococcal meningitis disease at this time.

Student's signature (if under 18 years of age, parent or guardian signature) _____ MONTH / DAY YEAR

STEP 2: REQUIRED IMMUNIZATIONS

To be completed by MEDICAL PROVIDER if official records are not attached.

(A) M.M.R. (Measles, Mumps, Rubella) <input type="checkbox"/> Dose 1: Administered after first birthday <input type="checkbox"/> Dose 2: Administered at least 28 days after 1st dose	Please note: New York State requires proof of TWO Measles vaccinations DATE: _____ DATE: _____	<table border="1" style="width: 100%; text-align: center;"> <tr><th>MONTH</th><th>DAY</th><th>YEAR</th></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	MONTH	DAY	YEAR													
MONTH	DAY	YEAR																
(B) MEASLES (RUBEOLA) – if given instead of MMR <input type="checkbox"/> Dose 1: Administered after first birthday <input type="checkbox"/> Dose 2: Administered at least 28 days after 1st dose or <input type="checkbox"/> History of disease (This must be verified by a medical provider) or <input type="checkbox"/> Antibody Titer: MUST SUBMIT COPY OF LAB REPORT	Please note: New York State requires proof of TWO Measles vaccinations DATE: _____ DATE: _____ DATE: _____ DATE: _____	<table border="1" style="width: 100%; text-align: center;"> <tr><th>MONTH</th><th>DAY</th><th>YEAR</th></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	MONTH	DAY	YEAR													Result: <input style="width: 50px;" type="text"/>
MONTH	DAY	YEAR																
(C) MUMPS – if given instead of MMR <input type="checkbox"/> Dose 1: Administered after first birthday or <input type="checkbox"/> History of disease (This must be verified by a medical provider) or <input type="checkbox"/> Antibody Titer: MUST SUBMIT COPY OF LAB REPORT	DATE: _____ DATE: _____ DATE: _____	<table border="1" style="width: 100%; text-align: center;"> <tr><th>MONTH</th><th>DAY</th><th>YEAR</th></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	MONTH	DAY	YEAR										Result: <input style="width: 50px;" type="text"/>			
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(D) RUBELLA – if given instead of MMR <input type="checkbox"/> Dose 1: Administered after first birthday or <input type="checkbox"/> Antibody Titer: MUST SUBMIT COPY OF LAB REPORT	DATE: _____ DATE: _____	<table border="1" style="width: 100%; text-align: center;"> <tr><th>MONTH</th><th>DAY</th><th>YEAR</th></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	MONTH	DAY	YEAR							Result: <input style="width: 50px;" type="text"/>						
MONTH	DAY	YEAR																

Medical Provider's Name (Please print) _____ License Number: _____
 Address: _____ Tel. No.: _____
 Medical Provider's Signature: _____ Date: _____
MONTH DAY YEAR

Instructions:

Please submit completed documentation **at least (1) month before you are scheduled to register for classes to ensure timely processing.** Students will NOT be allowed to register or attend classes unless they submit this completed form.

Return the signed and completed form by fax, scan and email, or mail the form and all supporting documentation to:
Student Health Services/Immunization

Email: SHS@newschool.edu
Fax: 212.614.7484

The New School
80 Fifth Avenue, 3rd Floor
New York, NY 10011

(Please note it takes approximately 2-3 weeks for our office to receive paper mail sent through the postal system.)

EXEMPTIONS:

Online-Only and Students taking 5 or fewer credits: You do not have to prove immunity to measles, mumps or rubella, but must fill out step 1 of this form. It is recommended that exempted students complete Step 2 to avoid having a hold placed on their account each semester.

Religious Exemption: If a student may not receive vaccinations for religious reasons, a letter signed by the student stating how their religion prevents them from receiving the vaccinations along with any supporting scripture must be provided.

Medical Exemption: If a student may not receive a vaccination for medical reasons, a letter from the student's medical provider is required. In addition, any pregnant student can be temporarily exempted from the requirement to receive an additional vaccination should their information be incomplete.

Please Note: Students who are exempt from receiving Measles, Mumps or Rubella vaccinations may be excluded from classes or campus in the event of an outbreak.

STEP 1: To be filled out by the student.

Students may complete Step 1 online, however be sure to print out the form and either have a medical provider complete step 2 or attach supporting documentation and fax, scan and email or mail the form to our offices. (See above for contact information) Please make sure to provide us with your student ID number.

Meningitis:

All students must demonstrate that they have read the material distributed by the university on meningococcal disease, and either plan to receive the meningitis vaccination, have documentation proving receipt of the vaccination within the last five (5) years, or decline receipt of the same. Please note that this immunization is not required but is strongly recommended. For more information on the meningococcal disease, please visit:

<http://www.newschool.edu/student-health-services/immunizations/>

STEP 2: To be completed by your medical provider.

New York State requires all students born after January 1, 1957 taking six (6) or more credits, and ESL+Certificate program students, to provide the university with documentation of immunity to measles, mumps and rubella (MMR). These highly contagious diseases can cause severe health problems.

You must provide proof of having received (2) measles, (1) mumps and (1) rubella vaccination. *The dates of these vaccinations must be indicated and must have been received on or after your first birthday.*

Should you be unable to obtain a medical provider's signature confirming your immunization compliance we do accept the documents listed below:

- Copies of childhood immunization records or
- Copies of immunization documentation from a high school or prior institution of higher learning with immunization dates or
- Copy of high school diploma in United States after 1980 (counts as 1 measles vaccination ONLY if the second dose of measles has been administered within the past year).

Please note that any supporting documentation must have been either signed or stamped by a hospital, medical provider or, in the case of prior high school or university records, stamped by an official of that institution. In addition, supportive documentation must be attached to this form, with an indication on step 2 that you have included proof of immunization: **THESE DOCUMENTS MUST HAVE THE DATES OF YOUR VACCINATIONS ON THEM.**

If you have had the measles and/or mumps diseases in the past, no proof of vaccination will be necessary. However, we will require that you indicate when you contracted the disease and it *must be verified by a medical provider or it will not be accepted.*

An alternative option to prove compliance is through a *Blood Antibody Titer* test that measures the level of measles, mumps and rubella antibodies in your blood. If you choose this option, we require that you submit a copy of the lab results. Please note that an equivocal result will not be accepted as compliant.

Should you need to receive another MMR vaccination, we recommend the following New York City free clinic: (They do not take appointments but operate on a first come first serve basis)

Fort Greene Health Center

295 Flatbush Avenue Extension - 5th Floor
Brooklyn, NY 11201

Please check website for hours of operation:

<http://www1.nyc.gov/site/doh/services/immunization-clinics.page>

*****INTERNATIONAL AND OUT-OF-STATE RESIDENTS:**

Please be advised that though you may be compliant with the immunization laws in your state or country, you are still required to adhere to the immunization laws of New York State.

**IF YOU HAVE ANY QUESTIONS, PLEASE EMAIL US AT
SHS@NEWSCHOOL.EDU OR CALL STUDENT HEALTH
SERVICES AT 212.229.1671 OPTION 5.**