**Immunization Form**

### STEP 1: TO BE COMPLETED BY ALL STUDENTS

- Student ID Number: __________________________ New School Email: __________________________
- Name (please print): __________________________
  - Last Name: __________________________ First Name: __________________________ Middle Name: __________________________
  - Date of Birth: ______/_____/______ Telephone: (________) __________________________
- Student Status (choose one): □ Taking 6 or more credits □ Taking 5 or fewer credits □ Online-only
- Semester for which you are registering: □ Fall □ Spring □ Summer

New York State Public Health Law 2165 requires all students entering a post-secondary institution to provide the university with proof of immunity to Measles, Mumps and Rubella (MMR). This law applies to students born on or after January 1, 1957, who are registered for 6 or more credits (includes ESL+Certificate program) on campus. Students registering for 5 or fewer credits and online-only students may skip to Step 3 on page 2 of this document.

### Information to Complete Step 2: Measles, Mumps, Rubella:

All students registering for 6 or more credits and ESL+Certificate students must provide proof of having received (2) Measles, (1) Mumps and (1) Rubella vaccination. The dates of these vaccinations must be indicated below (by your medical provider) or included in your submitted immunization record. These vaccinations must have been received on or after your first birthday.

Acceptable proof of immunity may include:
- Immunization cards or records from childhood, signed and stamped, in English or officially translated.
- Immunization record from your health care provider or clinic, signed and stamped.
- Immunization records from another school you attended, such as high school or college.
- Copy of lab report (blood antibody titer), showing immunity to Measles, Mumps and Rubella.
- Proof of honorable discharge from the armed services within 10 years from the date of application will enable the student to attend pending actual receipt of the immunization records.
- If you have had the measles and/or mumps 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 to be accepted.

### STEP 2: REQUIRED IMMUNIZATIONS

<table>
<thead>
<tr>
<th>Measles, Mumps, Rubella</th>
<th>To be completed by MEDICAL PROVIDER if official records are not attached.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A) M.M.R. (Measles, Mumps, Rubella)</td>
<td>Please note: New York State requires proof of TWO Measles vaccinations</td>
</tr>
<tr>
<td>□ Dose 1: Administered after first birthday</td>
<td>MONTH _ _ _ DAY _ _ YEAR</td>
</tr>
<tr>
<td>□ Dose 2: Administered at least 28 days after 1st dose</td>
<td>MONTH _ _ _ DAY _ _ YEAR</td>
</tr>
<tr>
<td>(B) MEASLES (RUBEOLA) – if given instead of MMR</td>
<td>Please note: New York State requires proof of TWO Measles vaccinations</td>
</tr>
<tr>
<td>□ Dose 1: Administered after first birthday</td>
<td>MONTH _ _ _ DAY _ _ YEAR</td>
</tr>
<tr>
<td>□ Dose 2: Administered at least 28 days after 1st dose</td>
<td>MONTH _ _ _ DAY _ _ YEAR</td>
</tr>
<tr>
<td>or □ History of disease (This must be verified by a medical provider)</td>
<td>MONTH _ _ _ DAY _ _ YEAR</td>
</tr>
<tr>
<td>or □ Antibody Titer: MUST SUBMIT COPY OF LAB REPORT</td>
<td>MONTH _ _ _ DAY _ _ YEAR</td>
</tr>
<tr>
<td>(C) MUMPS – if given instead of MMR</td>
<td></td>
</tr>
<tr>
<td>□ Dose 1: Administered after first birthday</td>
<td>MONTH _ _ _ DAY _ _ YEAR</td>
</tr>
<tr>
<td>or □ History of disease (This must be verified by a medical provider)</td>
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<td>or □ Antibody Titer: MUST SUBMIT COPY OF LAB REPORT</td>
<td>MONTH _ _ _ DAY _ _ YEAR</td>
</tr>
<tr>
<td>(D) RUBELLA – if given instead of MMR</td>
<td></td>
</tr>
<tr>
<td>□ Dose 1: Administered after first birthday</td>
<td>MONTH _ _ _ DAY _ _ YEAR</td>
</tr>
<tr>
<td>or □ Antibody Titer: MUST SUBMIT COPY OF LAB REPORT</td>
<td>MONTH _ _ _ DAY _ _ YEAR</td>
</tr>
</tbody>
</table>

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

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Student: Please Turn Over for Meningococcal Meningitis Requirements
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Immunization Form

Student ID Number: N_________________ Name:_________________________________________________________

Will you be living in University Housing?  □ Yes  □ No

Information to complete Step 3: Meningococcal Meningitis:
This section must be completed by all students (full time, part time, online-only, ESL + Certificate).

Students living in University Housing: You are required to submit proof of having received a Meningitis ACWY vaccine within the past 5 years before you will be permitted to move in to your dorm. Students living in University Housing are not eligible to choose option 1 or option 3 below. Although Meningitis B is recommended, the Meningitis B (ex. Trumenba, Bexsero) vaccine does not meet the Meningitis immunization requirement. You must show proof of vaccination for Meningitis ACWY.

Students who will not be living in University Housing must choose one of the options below and sign and date. Electronic signatures will not be accepted.

If you choose option 2 below, you MUST submit documentation of your Meningitis ACWY vaccine received within the past 5 years along with this form.

For information about meningococcal meningitis, please visit www.cdc.gov/meningitis/index.html/

STEP 3: Meningococcal Meningitis, To be completed by all students.

Please check ONE of the boxes below. Students living in University Housing must check the second box (Option 2) and attach documentation of their Meningitis ACWY vaccination received within the past 5 years.

☐ Option 1: I have read, or have had explained to me, information regarding meningococcal 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.

OR

☐ Option 2: I have had the meningococcal meningitis immunization WITHIN THE PAST 5 YEARS. THE VACCINE RECORD MUST BE ATTACHED.

OR

☐ Option 3: 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

EXEMPTIONS:
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.

Please Note: Students who are exempt from receiving Measles, Mumps, Rubella and/or Meningitis vaccinations may be excluded from classes and campus (dorms, university buildings, etc.) in the event of an outbreak. Any expenses incurred by a student as a result of exclusion from classes, campus facilities and/or university housing are the sole responsibility of the student.

Submit this form and/or acceptable proof of immunity as described on page 1 to Student Health Services:

Email: shs@newschool.edu
Address: The New School**
80 Fifth Avenue, 3rd Floor
New York, NY 10011

**Please note it takes our office 2-3 weeks to receive records
submitted by mail.

Please Turn Over for Measles, Mumps, Rubella (MMR) Requirements