



## **BRING THIS FORM TO YOUR MEDICAL PROVIDER.**

PLEASE NOTE YOU MUST SHOW YOU HAVE ONE OF THE FOLLOWING:

1. (2) MMR Vaccines (The first vaccination cannot be more than 4 days before your first birthday.)
2. Evidence of immunity by history of disease for measles or mumps only and proof of immunity by vaccination or blood test to rubella
3. Serological evidence for measles, mumps, and rubella (blood test proving immunity) – **copy of lab report required.**

If you are an undergraduate student over 22, graduate student, or McGhee student, the Meningococcal Vaccine is optional. To opt out, you must complete [this form](#).

New York State Public Health Law 2165 and 2167, and NYU, require all students (graduate, undergraduate, transfers, and returning students who, to date, have not complied) taking six or more credits in a degree-granting institution provide proof of immunity to measles, mumps, and rubella and acknowledge receipt of information regarding meningococcal disease (over 22 years of age or graduate student) or proof of meningococcal vaccine.

**FOR MORE DETAILS, PLEASE VISIT:**  
[www.nyu.edu/health/requirements](http://www.nyu.edu/health/requirements)

**QUESTIONS OR CONCERNS?**

Email [health.requirements@nyu.edu](mailto:health.requirements@nyu.edu) or call (212) 443-1199



# STUDENT IMMUNIZATION HISTORY FORM

Name: \_\_\_\_\_ School: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ University I.D. Number: N  
MM DD YY

To be in compliance you must have both items in section 1 or one each of the following in sections 2, 3, and 4 and a vaccination against Meningitis (unless eligible to decline), section 5

For more information please visit [nyu.edu/health/requirements](http://nyu.edu/health/requirements)

### 1. M.M.R. (Measles, Mumps, Rubella) If given instead of individual immunization

Dose 1 Immunized on or after first birthday AND on or after January 1, 1972

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YY

Dose 2 Immunized 15 months after birth or later AND at least 28 days after first dose

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YY

### 2. MEASLES (RUBEOLA)

Dose 1 Immunized on or after first birthday AND on or after January 1, 1968

\_\_\_\_/\_\_\_\_/\_\_\_\_ AND  
MM DD YY

Dose 2 Immunized 15 months after birth or later AND at least 28 days after first dose

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YY

Physician-diagnosed history of disease

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YY

Has report of positive (reactive) immune titer  
**MUST SUBMIT COPY OF LAB REPORT**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YY

### 3. MUMPS

Dose 1 Immunized on or after first birthday AND on or after January 1, 1968

\_\_\_\_/\_\_\_\_/\_\_\_\_ AND  
MM DD YY

Dose 2 Immunized at least 28 days after first dose

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YY

Physician-diagnosed history of disease

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YY

Has report of positive (reactive) immune titer  
**MUST SUBMIT COPY OF LAB REPORT**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YY

### 4. RUBELLA (German Measles)

Dose 1 Immunized on or after first birthday AND on or after January 1, 1968

\_\_\_\_/\_\_\_\_/\_\_\_\_ AND  
MM DD YY

Dose 2 Immunized at least 28 days after first dose

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YY

Has report of positive (reactive) immune titer  
**MUST SUBMIT COPY OF LAB REPORT**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YY

### 5. MENINGOCOCCAL VACCINE protecting against A, C, W, and Y (at age 16 or older)

Immunization

Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YY

Menomune  Mencevax  Menactra  Other \_\_\_\_\_



