

**NOTE: Public Health Law 2165 now requires post-secondary students to show protection against measles, mumps, and rubella. Persons born prior to January 1, 1957 are exempt from this requirement. Please complete and return the form to Maria College.**

Last name		First name	Social Security #	
Address		City	State	Zip
Date of Birth	Academic Program		<input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Weekend	

**A. PLEASE NOTE:** MMR vaccine is recommended to provide increased protection against all three vaccine-preventable diseases: measles, mumps and rubella.

Dates MMR doses administered:

1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

**IF TWO DOSES OF MMR NOT GIVEN, HEALTH PRACTITIONER MUST COMPLETE SECTIONS B, C, AND D.**

**B. REQUIRED:** Measles (Rubeola) Immunity must have one of the following:

1. Two dates of Measles Immunizations: (1) \_\_\_\_\_ (2) \_\_\_\_\_  
Both must be given after 1967 AND the first after the first birthday and the second on or after 15 month of age.

**Or**

2. Date of Measles Titer: \_\_\_\_\_ Immune  Yes  No

**Or**

3. Date of physician diagnosed measles disease \_\_\_\_\_

**AND** signature of diagnosing physician \_\_\_\_\_

**C. REQUIRED:** Rubella (German Measles) Immunity – Must have one of the following:

1. Date of at least one rubella immunization: (1) \_\_\_\_\_ (2) \_\_\_\_\_  
(Must be on or after the first birthday)

2. Date of Rubella Titer: \_\_\_\_\_ Immune  Yes  No  
(Physician diagnosis of Rubella is not acceptable)

**D. REQUIRED:** Mumps Immunity – Must have one of the following:

1. Date of at least one mumps immunization: (1) \_\_\_\_\_ (2) \_\_\_\_\_  
Must be on or after the first birthday)

**Or**

2. Date of Mumps Titer: \_\_\_\_\_ Immune  Yes  No

**Or**

3. Date of physician diagnosed mumps disease \_\_\_\_\_

**AND** signature of diagnosing physician \_\_\_\_\_

Signature of Doctor \_\_\_\_\_

License # \_\_\_\_\_

Printed Name of Doctor \_\_\_\_\_

Date \_\_\_\_\_