

New students

COLLEGE OF MOUNT SAINT VINCENT IMMUNIZATION FORM

RETURN TO:
HEALTH CENTER
6301 RIVERDALE AVENUE
RIVERDALE, N.Y. 10471
(718) 405-3240

New York State Public Health Law 2165 requires college students born on or after January 1, 1957 to provide their institutions with proof of immunity against MEASLES, MUMPS AND RUBELLA. FAILURE TO DO SO WILL RESULT IN DEBARMENT FROM CLASSES.

- VACCINES ADMINISTERED BEFORE THE FIRST BIRTHDAY ARE NOT ACCEPTABLE. ALL VACCINATION DATES MUST BE ON OR AFTER FIRST BIRTHDAY.
- MMR VACCINE IS RECOMMENDED FOR PROTECTION AGAINST ALL THREE DISEASES.

NAME: _____ DATE OF BIRTH _____ / _____ / _____
(Month) (Day) (Year)

ADDRESS: _____ S.S.# _____

TELEPHONE: (_____) _____

CLASS: NEW FRESHMAN _____
TRANSFER _____
ADULT ED. STUDENT _____
GRADUATE STUDENT _____

TO BE COMPLETED BY FAMILY PHYSICIAN AND/OR HEALTH CARE PROVIDER OR ATTACH IMMUNIZATION RECORD

VACCINE	IMMUNIZATIONS (LIST MONTH/DAY/YEAR)	OR	BLOOD TESTS ATTACH LAB SLIP (LIST MONTH/DAY/YR.)
TWO MEASLES DATES #1			
#2			
MUMPS			
RUBELLA			
OR COMBINED #1			
AS #2			
MMR			

DISEASE HISTORY MUST BE PHYSICIAN DIAGNOSED --ATTACH DOCUMENTATION OF MEASLES OR MUMPS ONLY (NOT RUBELLA).

PHYSICIAN'S SIGNATURE: _____ DATE: _____

PRINT PHYSICIAN'S LAST NAME: _____

ADDRESS (USE OFFICE STAMP): _____

RETURN TO CMSV HEALTH CENTER (ADDRESS ABOVE) OR BRING TO PRE-COLLEGE DAY

THIS DOCUMENT MUST BE RECEIVED BEFORE THE FIRST DAY OF CLASSES

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