



IMMUNIZATION FORM

Student ID Number: N 00802447 Phone (347) 247 - 4190

Name: Pina Matias Date of Birth: 09 / 22 / 1997
LAST FIRST MONTH DAY YEAR

This form can be shared with your medical provider to record your MMR immunizations. It must be signed and stamped by your medical provider. Upload completed form to the SHS Portal: shsportal.newschool.edu. **OR** Upload your original immunization records in English directly to the SHS Portal. Your original records must have your full name and date of birth to verify identification.

ALL STUDENTS must complete the Meningococcal Response Form in 'Medical Clearances' on the SHS Portal.

Measles, Mumps, Rubella:

Degree seeking students 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. This law applies to students born on or after January 1, 1957.

These vaccinations must have been received on or after your first birthday.

REQUIRED IMMUNIZATIONS: MEASLES, MUMPS & RUBELLA

Please note: New York State requires proof of 2 Measles vaccinations.

A: MMR (Measles, Mumps, & Rubella)

Dose 1: Administered **after** 1st birthday

Dose 2: Administered at least 28 days after dose 1

MONTH	DAY	YEAR
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09	25	1999
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10	29	1999
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B: Measles

Dose 1: Administered **after** 1st birthday

Dose 2: Administered at least 28 days after dose 1

MONTH	DAY	YEAR
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		1999
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MONTH	DAY	YEAR
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MONTH	DAY	YEAR
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B: Mumps

Dose 1: Administered **after** 1st birthday

B: Rubella

Dose 1: Administered **after** 1st birthday

Students living in University Housing must provide proof of Meningococcal ACWY immunization within the past 5 years.

MONTH	DAY	YEAR
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Meningococcal ACWY

Medical Provider's Name (Please Print):

License Number: _____

Tel. No.: _____

Signature and Stamp _____

MONTH	DAY	YEAR
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