

New York State Public Health Law 2165 requires all students entering a post-secondary institution be immunized against measles, mumps, and rubella (MMR). This law applies to students born on or after January 1, 1957. Requirements are as follows:

**PART 1: Student Information (to be complete by the student)**

(please print)

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Mailing Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

**PART 2: Immunization History (to be complete by health care provider)**

**MMR (measles, mumps, rubella) - Given as a combined dose instead of individual immunizations.**

Dose 1: Immunized after 1 year of age and after 1972 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dose 2: Immunized after 1972 and at 5 years of age or older Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

-----OR-----

**Live Vaccines**

Measles Dose 1: immunized on or after January 1 1968 or after first birthday Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Measles Dose 2: immunized at least 28 days after the first dose Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Rubella immunized with vaccine on or after 1 year of age and after 1968 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mumps immunized with vaccine after 1 year of age and after 1968 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

-----OR-----

**Titer (blood test) showing positive immunity (Dated lab results must be attached.)**

Measles: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Pos.\_\_\_\_ Neg.\_\_\_\_

Mumps: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Pos.\_\_\_\_ Neg.\_\_\_\_

Rubella: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Pos.\_\_\_\_ Neg.\_\_\_\_

**Medical /Exemption Waiver:** A licensed medical provider must certify that you have a health condition, which is a valid contraindication for receiving a specific vaccine. Please provide this statement from your physician on his/her stationary with stamp, signature, and license number. All medical waivers will be periodically reviewed to see if contraindications still exist.

**PART 3: To be complete by health care provider**

**I certify that the above-named student has received the above immunizations, or I have enclosed laboratory results indicating immunity. Official seal/stamp of medical provider, signature and license # required.**

Physician/Provider Name (Please Print): \_\_\_\_\_

Physician/Provider License # \_\_\_\_\_

Physician/Provider Signature: \_\_\_\_\_

**Physician/  
Provider Stamp**

**Send to:** CUNY School of Professional Studies  
Registrar  
119 West 31st Street – Suite 123  
New York, NY 10001

New York state law prohibits students from enrolling in classes until they have submitted their Meningitis Acknowledgement form. **This may be done online or via this form. Instructions for completing this form online via CUNYfirst can be found at the following link:**

<http://www.cuny.edu/about/administration/offices/CIS/CUNYfirst/training/students/Submit-Immunization-Meningitis-Acknowledgement-Form.pdf>

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Please complete the items below only if you will not be completing this online via CUNYfirst. Mail the completed form to:

**CUNY School of Professional Studies**  
**Registrar**  
**119 West 31st Street – Suite 123**  
**New York, NY 10001**

**Check one box and sign below.**

I have (for students under the age of 18: My child has):

- ☐ had the meningococcal meningitis immunization (Menomune™) within the past 10 years. Date received: \_\_\_\_\_  
[Note: The vaccine's protection lasts for approximately 3 to 5 years. Revaccination may be considered within 3-5 years.]
- ☐ read, or have had explained to me, the information regarding meningococcal meningitis disease. My child (I) will obtain immunization against meningococcal meningitis **within 30 days** from my private health care provider.
- ☐ read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that my child (I) will **not** obtain immunization against meningococcal meningitis disease.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent / Guardian if student is a minor)

Print Student's Name \_\_\_\_\_ Student Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

E-mail address \_\_\_\_\_ Student ID# \_\_\_\_\_

Mailing Address \_\_\_\_\_

Student Phone number \_\_\_\_\_