

STUDENT IMMUNIZATION RECORD FORM

Name (First, Middle, Last): _____ Date of Birth: _____

Semester and Year Entering LIM College: _____ Please check one: Undergraduate Graduate

PART I: MENINGOCOCCAL MENINGITIS RESPONSE: NEW YORK STATE PUBLIC HEALTH LAW §2167 (COMPLETE EITHER SECTION A **OR** B)

A. I have received the Meningococcal Meningitis vaccination:

One dose of the Meningitis ACWY vaccine within the last 5 years: Date: _____

OR

Two dose series of Meningitis B: _____ and _____

B. By signing below, I confirm that I choose not to obtain the Meningococcal Meningitis vaccination:

I have 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 I (my child) will **not** obtain immunization against meningococcal meningitis disease.

Sign: _____ Date: _____
(student signature, or parent/guardian signature for students under age 18 at the time of completing this form)

PART II: PROOF OF MEASLES, MUMPS, AND RUBELLA IMMUNITY: NEW YORK STATE PUBLIC HEALTH LAW §2165

MEASLES: Two doses of live measles vaccine. The first dose must have been received no more than 4 days prior to the first birthday and the second dose received at least 28 days after the first dose; or blood titer showing immunity; or statement from diagnosing physician that student has had the disease.

MUMPS: One dose of live mumps vaccine received no more than 4 days prior to the first birthday; or blood titer showing immunity; or statement from diagnosing physician that student has had the disease.

RUBELLA: One dose of live rubella vaccine received no more than 4 days prior to the first birthday; or blood titer showing immunity. Please note: Clinical diagnosis of rubella disease is not acceptable as proof of immunity.

[Note: Those with a birth date prior to January 1, 1957 are exempt from this requirement, but must complete Part I of this form. You must also submit a copy of either a birth certificate or a driver's license to document your birth date.]

A. MMR (MEASLES, MUMPS, AND RUBELLA COMBINED VACCINE):

Two dates of MMR vaccination: _____ and _____

OR

B. IF VACCINES ARE GIVEN INDIVIDUALLY, COMPLETE PART B:

1. Two dates of Measles vaccinations: _____ and _____
2. One date of Mumps vaccination: _____
3. One date of Rubella vaccination: _____

OR

C. IF IMMUNITY IS DONE BY BLOOD TITERS, COMPLETE PART C:

IMPORTANT: PLEASE INCLUDE A COPY OF THE LAB REPORT ALONG WITH THE IMMUNIZATION RECORD FORM.

1. Date of Measles titer: _____ Results: _____
2. Date of Mumps titer: _____ Results: _____
3. Date of Rubella titer: _____ Results: _____

PLEASE NOTE: THIS FORM WILL NOT BE ACCEPTED IF THIS SECTION IS NOT COMPLETED BY YOUR HEALTHCARE PROVIDER

Healthcare Provider Name: _____ License #: _____

Signature/Stamp: _____ Date: _____ Phone: _____



Please upload your health documentation to the Student Health Portal: <https://limcollege.studenthealthportal.com>
For questions, email counseling@limcollege.edu