



## MMR IMMUNIZATION RECORD

PLEASE RETURN TO:

Purchase College Student Health Service  
735 Anderson Hill Road, CCS LL  
Purchase, New York 10577-1402

phone (914) 251-6380 fax (914) 251-6388 email [hse@purchase.edu](mailto:hse@purchase.edu)  
[www.purchase.edu/healthservices](http://www.purchase.edu/healthservices)

Name \_\_\_\_\_ CID# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Permanent Address \_\_\_\_\_

New York State Public Health Law #2165 requires post-secondary students to show protection against Measles, Mumps and Rubella.

-Documentation must include month, day, and year.

-Immunization must be given after January 1, 1968 and on or after first birthday

**Persons born prior to January 1, 1957 are exempt from this requirement.**

**REQUIRED: Measles (Rubeola) Immunity-Must Have ONE of the following:**

1. TWO dates of Measles immunization (1) \_\_\_\_\_ (2) \_\_\_\_\_
2. Date of measles titer \_\_\_\_\_ Results \_\_\_\_\_

**REQUIRED: Mumps Immunity-Must have ONE of the following:**

1. Date of at least one mumps immunization (1) \_\_\_\_\_ (2) \_\_\_\_\_
2. Date of Mumps titer \_\_\_\_\_ Results \_\_\_\_\_

**REQUIRED: Rubella (German Measles) Immunity-Must have ONE of the following:**

1. Date of at least one Rubella immunization (1) \_\_\_\_\_ (2) \_\_\_\_\_
2. Date of Rubella titer \_\_\_\_\_ Results \_\_\_\_\_

**RECOMMENDED VACCINES:**

Hepatitis B: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Meningococcal Vaccine (MCV4): \_\_\_\_\_ Booster: \_\_\_\_\_

Tdap Booster: \_\_\_\_\_ or Td Booster: \_\_\_\_\_

\_\_\_\_\_  
Signature of Health Care Provider (required)

\_\_\_\_\_  
Date