THE COOPER UNION OFFICE OF STUDENT AFFAIRS STUDENT HEALTH



| NAME OF STUDENT (PRINT OR TYPE) | | | DATE OF BIRTH |
|--|------------------------|------------------------------|---------------------------|
| New York State Public Health Law (NYS PHL216 and rubella. Persons born prior to January 1, 195 | | • | |
| If you cannot provide proof of your having the proving your immunity to the disease. | e required vaccinatior | ns, you must provide results | from a titer (blood test) |
| REQUIRED: MEASLES (RUBEOLA) IMMUNI | TY— MUST HAVE ON | NE OF THE FOLLOWING: | |
| 1. Two dates of Measles Immunization: (1) | | (2) | |
| Both must be given after 1967. The first immunization must be on or after the first birthday and the second on or after 15 months of age. | | | |
| 2. Date of Measles Titer: | Results: | ☐ Immune | ☐ Not Immune |
| 3. Date of physician diagnosed measles | | | |
| AND the signature of the diagnosing physici | an | | |
| REQUIRED: RUBELLA (GERMAN MEASLES | S) IMMUNITY — MUS | T HAVE ONE OF THE FOLL | OWING: |
| Date of at least one Rubella Immunization: | | (2) | |
| Must be on or after the first birthday. | | | |
| 2. Date of Rubella Titer: | Results: | Immune | Not Immune |
| Physician diagnosis is not acceptable. | | | |
| REQUIRED: MUMPS IMMUNITY — MUST HA | AVE ONE OF THE FO | LLOWING: | |
| 1. Date of at least one Mumps immunization: (| 1) | (2) | |
| Must be on or after the first birthday. | | | |
| 2. Date of Mumps Titer: | Results: | Immune | Not Immune |
| 3. Date of physician diagnosed mumps disease | e: | | |
| PLEASE NOTE: MMR vaccine is recommended for all measles vaccine doses to provide increased protection against all three vaccine-preventable diseases: measles, mumps, and rubella. | | | |
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| Signature of Health Practitioner | | Physician's Stamp | |
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