

Columbia University Measles, Mumps, and Rubella Form for Summer Programs

It is important for us to know your immunization status for mumps, measles, and rubella (MMR), while you are visiting Columbia University. Documents should be returned no later than June 1 to the **Immunization Compliance Office**, Alfred Lerner Hall, 7th Floor, 2920 Broadway, Mail Code 2605, New York, NY 10027 or by fax at (212) 854-5078.

I. STUDENTS COMPLETE THIS SECTION

Student Name (Last, First): _____

Address: _____

_____ Date of Birth (MM/DD/YYYY) _____

Phone: _____ OR Columbia ID (10-digit alphanumerical#): _____

II. HEALTH CARE PROVIDERS COMPLETE THIS SECTION

All of section A or section B below must be completed by a physician or health care provider

Section A: MMR (Measles, Mumps, and Rubella)

_____ **1st MMR DOSE:** Administered after the first birthday AND after 1/1/1972

Month / Day / Year
____ / ____ / ____

AND

_____ **2nd MMR DOSE: or 2nd Live Virus Measles Dose:**
Administered at least 28 days after 1st dose

____ / ____ / ____

Section B-PART 1: MEASLES

_____ **1st Live Virus Dose:** Administered after first birthday

Month / Day / Year
____ / ____ / ____

AND

_____ **2nd Live Virus Dose:** Administered at least 28 days after 1st dose

____ / ____ / ____

OR

_____ History of Illness documented by Health Care Provider

____ / ____ / ____

OR

_____ Immunity Proven by Serologic Testing – **MUST SUBMIT COPY OF LAB REPORT**

____ / ____ / ____

Section B-PART 2: MUMPS

_____ **Live Virus Dose:** Administered after first birthday AND after 1/1/1969

Month / Day / Year
____ / ____ / ____

OR

_____ History of Illness documented by Health Care Provider

____ / ____ / ____

OR

_____ Immunity Proven by Serologic Testing – **MUST SUBMIT COPY OF LAB REPORT**

____ / ____ / ____

Section B-PART 2: RUBELLA (German Measles)

_____ **Live Virus Dose:** Administered after first birthday AND after 1/1/1969

Month / Day / Year
____ / ____ / ____

OR

_____ Immunity Proven by Serologic Testing – **MUST SUBMIT COPY OF LAB REPORT**
Note: History of Illness is NOT acceptable

____ / ____ / ____

The information on this form is accurate to the best of my knowledge.

Physician/Provider Name (Please Print)

Signature

Physician/Provider Stamp

Lic. #

Instructions and explanations on the reverse side

Measles, Mumps, and Rubella Form Instructions and Explanations

Instructions

Students: Complete the top portion of this form. Once your physician or health care provider has completed this form, make a copy for your records and return the original to the Immunization Compliance Office, Alfred Lerner Hall, 7th Floor, 2920 Broadway, Mail Code 2605, New York, NY 10027. Forms may also be faxed to (212) 854-5078. We will be unable to process your form without your name, birth date, health care provider's name and provider's signature.

Physician or other Health Care Provider: Complete all parts of Section A **OR** Section B. For each section please indicate which documentation is being provided and the date of immunization, illness, and/or serological testing in the corresponding area to the right. Documentation of two (2) measles or MMR vaccines is required: the first administered after the first birthday and the second administered at least 28 days after the first vaccine. Laboratory results must be provided if immunity is demonstrated by serological testing. This form will not be processed without a health care provider's name and signature.

Ways to Document Immunity

1. Document History of Illness

If you have been diagnosed by a physician with having had measles and/or mumps, this is acceptable proof of immunity. The physician must enter the dates of initial diagnosis on this record form.

Note: A diagnosis of previous rubella disease is not acceptable proof of immunity under New York State Health Code.

2. Immunity Proven by Serological Testing

Immunity to all three diseases may be proven by a single blood test for antibodies. You must submit a copy of the actual laboratory report along with the completed **student section** of this form.

3. Immunization Documentation from Your Current School

A copy of your Immunization records from your current school is also acceptable. You must complete the **student section** of this form and submit it along with a copy of your immunization record. Since requirements vary by state and country, your record is reviewed for compliance with New York State standards. Please do NOT have your records sent to the Columbia Health Immunization Compliance Office directly. It is important for you to maintain a copy, as often the forms are illegible or lack identifying information required to process the documentation.

4. Vaccine History

Provide a certificate of immunization verifying the date of the disease, or the administered measles, mumps, and rubella vaccines. This includes documents such as:

- A certificate from a licensed physician
- A migrant health record
- A community health plan record
- An immunization record card signed by a physician, a physician's assistant, or nurse practitioner

You must also complete the student section of this form and submit it along with your immunization record.

Please note that all immunizations must have been received after your first birthday.

If you have any questions please e-mail hs-enrollment@columbia.edu.