

New York State Public Health Law 2165 REQUIRES all Students born on or after JANUARY 1, 1957 who will register for 6 or more credits to prove immunity to Measles, Mumps, and Rubella.

Student Name: _____
Last/Family First M.I.

UNI: _____ Birth Date: ____/____/____
University Network ID MM/DD/YY

E-mail: _____ CU School Attending: Summer Program for High School Students

PLEASE RETAIN A COPY FOR YOUR RECORDS

ALL OF SECTION A OR SECTION B BELOW MUST BE COMPLETED BY A PHYSICIAN OR OTHER HEALTH CARE PROVIDER

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

	<small>Month</small>	<small>Day</small>	<small>Year</small>
_____ 1st MMR DOSE: Administered no more than 4 days prior to first birthday AND after 1/1/1972	/	/	/
AND			
_____ 2nd MMR DOSE: or 2nd Live Virus Measles Dose: Administered after 15 months of age and at least 28 days after 1st dose.	/	/	/

Section B-PART 1: MEASLES

	<small>Month</small>	<small>Day</small>	<small>Year</small>
_____ 1st Live Virus Dose: Administered no more than 4 days prior to first birthday	/	/	/
AND			
_____ 2nd Live Virus Dose: Administered after 15 months of age and 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

	<small>Month</small>	<small>Day</small>	<small>Year</small>
_____ Live Virus Dose: Administered no more than 4 days prior to first birthday AND after 1/1/1969	/	/	/
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)

	<small>Month</small>	<small>Day</small>	<small>Year</small>
_____ Live Virus Dose: Administered no more than 4 days prior to first birthday AND after 1/1/1969	/	/	/
OR			
_____ Immunity Proven by Serologic Testing – MUST SUBMIT COPY OF LAB REPORT <small>Note: History of Illness is NOT acceptable</small>	/	/	/

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

 Physician/Provider Name (Please Print)

 Physician/Provider Stamp & Lic. #

Please Return to:

Columbia Health
 Immunization Compliance Office
 Wien Hall, Room 108B
 411 West 116th Street, MC 3712
 New York, NY 10027
 Fax: 212-854-5078

Measles, Mumps, and Rubella Record 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 Office at the address listed on the front of this sheet. Forms may also be faxed to (212) 854-5078. This form is not valid without your UNI and birth date will not be processed without a health care provider's signature, stamp and license number.

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 no more than four (4) days prior to the first birthday, and the second administered at 15 months of age or older but at least 28 days after the first vaccine. Laboratory results must be provided if immunity is administered by serological testing. This form will not be processed without a health care provider's signature, stamp and license number.

Explanations

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 of the three diseases may be proven by blood test for antibodies. You must submit a copy of the actual laboratory report with this form.

3. Immunization Documentation from another college or university is also acceptable.

Students who have attended another college or university in the United States may submit a copy of those immunization records to prove immunity to measles, mumps and rubella. Once you have obtained a copy of your documentation, please complete the top portion of this form and attach the copy of your immunization record. Since requirements vary in different states, your record is reviewed to see if it meets New York States's standards. Please do not have your records sent to the Immunization 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.

Although the following immunizations are not required by law, they are recommended prior to enrollment at Columbia University:

1. Hepatitis B Vaccine
2. Tetanus Vaccine or Combined Tetanus/Pertussis Vaccine
3. Tuberculosis Skin Test (PPD)
4. Varicella (Chicken Pox)

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