

NAME OF STUDENT (PRINT OR TYPE)

DATE OF BIRTH

New York State Public Health Law (NYS PHL2165) requires post-secondary students to show protection against measles, mumps and rubella. Persons born prior to January 1, 1957 are exempt from this requirement. **You must have two measles shots.**

**If you cannot provide proof of your having the required vaccinations, you must provide results from a titer (blood test) proving your immunity to the disease.**

**REQUIRED: MEASLES (RUBEOLA) IMMUNITY— MUST HAVE ONE 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: \_\_\_\_\_

3. Date of physician diagnosed measles \_\_\_\_\_

AND the signature of the diagnosing physician \_\_\_\_\_

**REQUIRED: RUBELLA (GERMAN MEASLES) IMMUNITY — MUST HAVE ONE OF THE FOLLOWING:**

1. Date of at least one Rubella Immunization: (1) \_\_\_\_\_ (2) \_\_\_\_\_

**Must be on or after the first birthday.**

2. Date of Rubella Titer: \_\_\_\_\_ Results: \_\_\_\_\_

Physician diagnosis is not acceptable.

**REQUIRED: MUMPS IMMUNITY — MUST HAVE ONE OF THE FOLLOWING:**

1. Date of at least one Mumps immunization: (1) \_\_\_\_\_ (2) \_\_\_\_\_

**Must be on or after the first birthday.**

2. Date of Mumps Titer: \_\_\_\_\_ Results: \_\_\_\_\_

3. Date of physician diagnosed mumps disease: \_\_\_\_\_

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.

Signature of Health Practitioner

Physician's Stamp

MAIL FORM TO:

OFFICE OF  
STUDENT AFFAIRS

29 THIRD AVENUE  
NEW YORK, NY 10003

HAVE QUESTIONS?

212.353.4130  
212.353.4044 FAX

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