IMMUNIZATION RECORD

COLUMBIA-GREENE COMMUNITY COLLEGE

NAME:_____ STUDENT ID NUMBER:_____

ADDRESS:_____ DATE OF BIRTH:_____

_____ SEMESTER AND YEAR OF ENTRY: (*PLEASE FILL IN DATE BELOW*)

TELEPHONE NO.:_____ FALL_____ SPRING _____ SUMMER_____
YEAR *YEAR* *YEAR*

New York Public Health Law 2165 requires all post-secondary students born on or after January 1, 1957 to show immunity against measles, mumps, and rubella before registering for classes. Certain medical and religious factors may qualify a student for an exemption from this requirement.

IMMUNIZATIONS

(exact dates must be listed)

Disease	Vaccine Date	Disease History	Serology (Blood Titer)
	Month/Day/Year	(Onset Date) must include signature of diagnosing physician	Date (Attach Copy of Lab Report)
MEASLES* + 2 required Given after 1967			
RUBELLA* Given after 1968			
MUMPS* Given after 1968			
or combined as MMR +			

New York State law requires that the above immunizations must have been given **not more than four days before your first birthday.*
+There must be an interval of at least 28 days between the first and second doses of measles vaccine.

Additional vaccines and testing recommended by NYS Department of Health:

Hepatitis B _____ _____ _____ Serology _____
(Attach copy of Lab Report)

Tetanus Booster (within ten years) _____ Meningococcal Meningitis _____

Varicella (Chicken Pox) _____ _____Serology _____
(Attach Copy of Lab Report)

PPD (Mantoux) Test _____ _____ _____mm induration
(date placed) *(date read)* *(results)*

Please include month, day, and year for all immunizations.

HEALTH CARE PROVIDER

Name_____ Address _____

Signature _____ Date _____ Phone_____

Return form to: Director of Health Services, Columbia-Greene Community College
4400 ROUTE 23, Hudson, New York 12534
518-828-4181, ext. 3202 FAX 518-751-2101