COLLEGE OF
MOUNT SAINT VINCENT
IMMUNIZATION RECORDS

Return to: 6301 Riverdale Avenue, Riverdale, NY 10471 or immunizationrecords@mountsaintvincent.edu

Student's Name:_____ Date of Birth: _____

Cell Phone: # _____ CMSV ID #: _____

1. NYS LAW REQUIRES MEASLES, MUMPS & RUBELLA (MMR) PROOF OF IMMUNITY for ALL Students born on or after 01/01/1957.

Return the completed signed form before registration. It must be on file before classes begin.

MMR (Measles, Mumps, Rubella) was not available in the US before 1/1/72	**Month Day Year**
1st MMR Vaccine - Administered on or after 1st birthday and on or after 1/1/72	_____/____/_____
2nd MMR Vaccine - given after 15 months of age and at least 28 days after 1st MMR	_ _____/____/_____
MEASLES	**Month Day Year**
1st Live Measles Vaccine - Administered on or after 1st birthday and on or after 1/1/68	_____/____/_____
2nd Live Measles Vaccine – given after 15 months of age and at least 28 days after 1st vaccine	_____/____/_____
OR Measles Immunity - Proven by Serologic (Blood) Testing (*Attach Lab Slip Copy*)	_____/____/_____
MUMPS:	**Month Day Year**
Live Mumps Vaccine - Administered on or after 1st birthday and on or after 1/1/69	_____/____/_____
OR Mumps Immunity - Proven by Serologic (Blood) Testing (*Attach Lab Slip Copy*)	_____/____/_____
RUBELLA: (German Measles)	**Month Day Year**
Live Rubella Vaccine - Administered on or after 1st birthday and on or after 1/1/69	_____/____/_____
OR Rubella Immunity - Proven by Serologic (Blood) Testing (*Attach Lab Slip Copy*)	_____/____/_____

2. MENINGITIS REQUIREMENT for ALL STUDENTS - Form must be completed and signed.

If the Meningitis Vaccine has *NOT* been received, read the Meningitis Information on the college website: www.mountsaintvincent.edu/healthforms and **sign the waiver below.**

I have read or have had the information regarding Meningococcal Meningitis disease explained to me. I understand the risks of **not** receiving the vaccine. I have decided that I **or** my child if he/she is under the age of 18 years old will not receive the immunization against Meningococcal Meningitis disease.

Name:_____ **Signature:** _____ **Date:** _____

ALL Students: If you received the Meningitis Vaccine, it must be documented. Resident Students: You must document that you received either Menactra® or Menveo® at or after age 16 to live in the residence halls.

Menactra® Date: _____/_____/_____ **or** **Menveo® Date:** _____/_____/_____

Note: Serogroup B Meningococcal Vaccines: Bexsero® or Trumenba® may be received but are not required.

Bexsero® #1 Date: _____/____/_____ **#2 Date:** _____/____/_____

Trumenba® #1 Date: _____/____/_____ **#2 Date:** _____/____/_____ **#3 Date:** _____/____/_____

MD or NP Signature: _____ Office Address (Stamp):

MD or NP Name: _____

State/License #: _____

(REV. 3/2019)