

Address:

(use office stamp)

PHONE: (718) 405-3240

COLLEGE OF MOUNT SAINT VINCENT

HEALTH CENTER

FAX: (718) 405-3737

Student's Name:	Date of Birth:		_
Cell Phone: #			
<u>1.</u> NYS LAW REQUIRES <u>A</u> J	MEASLES, MUMPS & RUBELLA LL Students born on or after 01/01/19	<u>957.</u>	
	form before registration. You may email Rubella) was not available in the US	0	ent.edu. th Day Year
			•
1 st MMR Vaccine - Administered on or after 1 st birthday and on or after 1/1/72			_//
	given after 15 months of age and at least 28		//
MEASLES 1 st Live Measles Vacci	ne - Administered on or after 1 st birthday a		h Day Year _//
2 nd Live Measles Vacc	ine – given after 15 months of age and at le	ast 28 days after 1 st vaccine	_//
<u>OR</u> Measles Immunit	y - Proven by Serologic (Blood) Testing (A	Attach Lab Slip Copy)	//
MUMPS: Live Mumps Vacci	ne - Administered on or after 1 st birthday a		th Day Year
<u>OR</u> Mumps Immunity	- Proven by Serologic (Blood) Testing (A	ttach Lab Slip Copy)	_//
	easles) ne - Administered on or after 1 st birthday a - Proven by Serologic (Blood) Testing (<u>A</u>	nd on or after 1/1/69	h Day Year
 <u>2.</u> MENINGITIS REQUIREMENT for ALL STUDENTS - Form must be completed and signed. If the Meningitis Vaccine has <u>NOT</u> been received, read the Meningitis Information on the college website: <u>www.mountsaintvincent.edu/healthforms</u> 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 <u>not</u> receiving the vaccine. I have decided that I <u>or</u> my child if he/she is under the age of 18 years old will not receive the immunization against Meningococcal Meningitis disease. Name: Date: 			
	ts: If you received the Meningitis Va		
Menactra®	t you received either Menactra® or Menactra® or Menactra® or Menactra® or True	nveo® Date:///////	
Bexsero® #1 Trumenba®	Date: // Bexser #1 Date: // #2 Date: ine are recommended. Form is on the v	o® #2 Date:////////	

MD or NP Signature:______ MD or NP (print name)_____

State / License # _____

(rev. 4/2018)

6301 RIVERDALE AVENUE RIVERDALE, NEW YORK 10471-1093 (718)405-3200 WWW.MOUNTSAINTVINCENT.EDU