

# MEDICAL PROVIDER DOCUMENTATION OF IMMUNIZATION

Student name \_\_\_\_\_ DOB: \_\_\_\_\_ H# \_\_\_\_\_

**REQUIRED IMMUNIZATIONS:** Students taking 6 or more credits must provide this completed form signed by your health care provider or comparable official records that show the dates you received the following immunizations.

**Measles/Mumps/Rubella (MMR) - Complete Option 1 or Option 2.**

**Option 1:** Two doses of live MMR administered on or after the first birthday (must have been given at least 28 days apart.)

Date #1 (mm-dd-yy) \_\_\_\_\_ Date #2 (mm-dd-yy) \_\_\_\_\_

**Option 2:** If vaccines were given separately, select one each for Measles, Mumps, and Rubella.

**Measles - Check one box only.**

Two doses of live vaccine administered on or after the first birthday (must have been given at least 28 days apart.)

Date #1 (mm-dd-yy) \_\_\_\_\_ Date #2 (mm-dd-yy) \_\_\_\_\_

Protective antibody titer Date (mm-dd-yy) \_\_\_\_\_ Result: o positive o negative

Physician-diagnosed illness Date (mm-dd-yy) \_\_\_\_\_

**Mumps - Check one box only.**

One dose of live vaccine administered on or after the first birthday. Date #1 (mm-dd-yy) \_\_\_\_\_

Protective antibody titer Date (mm-dd-yy) \_\_\_\_\_ Result: o positive o negative

Physician-diagnosed illness Date (mm-dd-yy) \_\_\_\_\_

**Rubella - Check one box only.** (Previous clinical diagnosis of rubella is not sufficient.)

One dose of live vaccine administered on or after the first birthday Date (mm-dd-yy) \_\_\_\_\_

Protective antibody titer Date (mm-dd-yy) \_\_\_\_\_ Result: o positive o negative

**Meningococcal.** Complete Option 1, 2, or 3.

**Option 1:** Meningococcal conjugate vaccine (including Menactra™, Menveo™, Menomune™, Meningococcal ACYW-135, or other).

The date of your conjugate vaccine should be within the past 5 years.

Meningococcal type/brand (if known) \_\_\_\_\_ Date (mm-dd-yy) \_\_\_\_\_

**Varicella (Chicken Pox).** Two doses of vaccine administered on or after the first birthday (must have been given at least 28 days apart):

Date #1 (mm-dd-yy) \_\_\_\_\_ Date #2 (mm-dd-yy) \_\_\_\_\_

Protective antibody titer: Date (mm-dd-yy) \_\_\_\_\_ Result: o positive o negative

Physician-diagnosed illness: Date (mm-dd-yy) \_\_\_\_\_

**Hepatitis A Vaccine.** Date #1 (mm-dd-yy) \_\_\_\_\_ Date #2 (mm-dd-yy) \_\_\_\_\_

**Hepatitis B Vaccine.** Date #1 (mm-dd-yy) \_\_\_\_\_ Date #2 (mm-dd-yy) \_\_\_\_\_ Date #3 (mm-dd-yy) \_\_\_\_\_

**HEP A /HEP B Combined Vaccine.**

Date #1 (mm-dd-yy) \_\_\_\_\_ Date #2 (mm-dd-yy) \_\_\_\_\_ Date #3 (mm-dd-yy) \_\_\_\_\_

**Human Papillomavirus (HPV) Vaccine Series.** (Recommended for students of all genders, 26 and under)

Date #1 (mm-dd-yy) \_\_\_\_\_ Date #2 (mm-dd-yy) \_\_\_\_\_ Date #3 (mm-dd-yy) \_\_\_\_\_

SUNY (State University of New York) no longer requires students to be vaccinated for COVID-19, however, all members of the campus community are strongly encouraged to do so, and to stay up to date on boosters as recommended by the CDC to protect themselves and others. Those who have received their vaccines and/or boosters are asked to continue to send their updated vaccination records using the proper Health Services form, to ensure correct recordkeeping.

NOTE: All students enrolled in an applied learning experience, program or course requiring a clinical or internship will still be needed to follow their host site policies, including any vaccination or testing protocols. This applies to students in any academic program and all levels of clinical and allied health training.

**COVID-19 Vaccine.** Type/brand \_\_\_\_\_

Date #1 (mm-dd-yy) \_\_\_\_\_ Date #2 (mm-dd-yy) \_\_\_\_\_

Booster (if applicable) \_\_\_\_\_

**HIB Vaccine (Haemophilus Influenza B).** Date (mm-dd-yy) \_\_\_\_\_

**Pneumococcal Vaccine.** Date (mm-dd-yy) \_\_\_\_\_

**Polio Vaccine (before age 18).** Check one box only.

IPOL Date of most recent dose (mm-dd-yy) \_\_\_\_\_

OPV Date of most recent dose (mm-dd-yy) \_\_\_\_\_

EPV Dates