



**DARE TO DO MORE**

Dear Student:

State Law requires that college students born after January 1, 1957 must present proof of immunity against Measles, Mumps and Rubella. Failure to comply with this requirement will block your registration and/or make you ineligible to attend class and may affect financial aid. **Immunization forms must be returned no later than two weeks before your scheduled registration date.**

**MEASLES**

Two doses of live measles vaccine administered on or after January 1, 1968 and 12 months of age, second dose to be administered at least 28 days after the first dose, or physician documentation of measles disease, or blood test showing immunity to disease.

**MUMPS**

One dose of live mumps vaccine administered after 12 months of age and on or after January 1, 1969, or physician documentation of mumps disease, or blood test showing immunity to disease.

**RUBELLA**

One dose of live rubella vaccine administered after 12 months of age on or after January 1, 1969, or a blood test showing immunity to disease. **Note:** a history of having had rubella is not acceptable proof of immunity.

Please complete the student's personal information and have your doctor/clinic fill out all applicable sections below and return to the Health Services Center (health-center@lagcc.cuny.edu) before registration.

NAME \_\_\_\_\_ Social Security # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

ADDRESS \_\_\_\_\_ Zip \_\_\_\_\_

PHONE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Male(M)\_\_\_ Female(F)\_\_\_ Non Binary(X)\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

VACCINATION REQUIREMENT	MEASLES	MUMPS	RUBELLA
First dose given on or after 1/1/68 and on or after first birthday			
First dose given on or after 1/1/69 and on or after first birthday			
Second dose given on or after 15 months of age			
Date and history of disease			
Copy of laboratory report blood test with levels and date			

I certify that the above named student has received the above immunizations or has a clinical history or laboratory evidence of immunity as indicated.

Physician signature /stamp required \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

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Please return form to Health-Center@lagcc.cuny.edu



# WHAT EVERY STUDENT NEEDS TO KNOW ABOUT IMMUNIZATION

**New York State Public Health Law** (section 2165) requires all students born on or after January 1, 1957 to present proof of immunity against measles, mumps, and rubella (MMR)

## ACCEPTABLE DOCUMENTATION

- Original Immunization Card
- Doctor's original note with dates of doses
- Blood Titer Lab Report
- Official Veteran Medical Record
- High School and Secondary Immunization Record

## EXEMPTIONS

- All students born before January 1, 1957
- Proof of age required-copy of birth certificate or driver's license
- Documentation of medical contraindications by a physician
- Documentation of sincere religious belief, which prohibits immunization

**THERE ARE NO EXEMPTIONS FROM THE MENINGITIS REQUIREMENT**

## NYC DEPARTMENT OF HEALTH AND MENTAL HYGENE-BUREAU OF IMMUNIZATION WALK-IN CLINIC

CLINIC	SCHEDULE AN APPOINTMENT	TRAVEL DIRECTIONS
BROOKLYN- Fort Greene Center 295 Flatbush avenue. Extension 5 <sup>th</sup> floor, Brooklyn New York 11201	<a href="https://www1.nyc.gov/site/doh/services/immunization-clinics.page">https://www1.nyc.gov/site/doh/services/immunization-clinics.page</a>	A,C & F TRAIN-JAY STREET 2,3,4 & 5 TRAIN-NEVINS STREET R,Q & B TRAIN-DEKALB AVENUE

**TO SUBMIT IMMUNIZATION PAPERWORK,  
PLEASE EMAIL: HEALTH-CENTER@LAGCC.CUNY.EDU**