

KINGSBOROUGH COMMUNITY COLLEGE

**Office of Health Services
2001 Oriental Boulevard
Brooklyn, New York 11235**



IMMUNIZATION RECORD

Name: _____
Last First Social Security Number

Home Address: _____
No. and Street City State Zip Code

(_____) _____ Date of Birth: ____/____/____
Telephone No. Month Day Year

NYS Public Health Law 2165 now requires post-secondary students to show protection against measles, mumps and rubella. Persons born prior to January 1, 1957 are exempt from this requirement.



REQUIRED: Measles (Rubeola) Immunity – Must have one of the following:

1. TWO dates of Measles Immunization: (1) _____ (2) _____
Unless live measles virus vaccine was received, all doses must have been given on or after 01/01/68. Additionally, the first dose must have been given on or after the first birthday and the second dose given at least 30 days after the first dose, but not before 15 months of age.
2. Measles Titer (Lab Report Required): _____ Results: _____
Date of Titer IMMUNE NOT IMMUNE



REQUIRED: Rubella (German Measles) Immunity – Must have one of the following:

1. Date of one Rubella Immunization: _____
Unless live rubella virus vaccine was received, the dose must have been given on or after 01/01/69 and on or after the first birthday.
2. Rubella Titer (Lab Report Required): _____ Results: _____
Date of Titer IMMUNE NOT IMMUNE



REQUIRED: Mumps Immunity – Must have one of the following:

1. Date of one Mumps Immunization: _____
Unless live mumps virus vaccine was received, the dose must have been given on or after 01/01/69 and on or after the first birthday.
2. Mumps Titer (Lab Report Required): _____ Results: _____
Date of Titer IMMUNE NOT IMMUNE



Dates of MMR: 1. _____ 2. _____ (Given 30 days apart)

Name of Physician (print and stamp) Date Signature of Physician

Address Telephone Number

Revised