PART I–REQUIRED IMMUNIZATION INFORMATION

DATE OF BIRTH: ________ / ________ / ________

Please have your physician complete either Section I and/or Section II and sign.

SECTION I

List TWO dates of “MMR” (Measles, Mumps, Rubella) vaccine inoculation: ............................................................ and ............................................................

(Two doses of live vaccine administered on or after the first birthday after 1/68)

OR attach a copy of an immunization record signed by a practitioner.

SECTION II

A: MEASLES—complete ONE of the following:

1. TWO dates 30 days apart of Measles vaccination: ............................................................ and ............................................................

   (Live vaccine administered on or after the first birthday after 1/68)

2. Approximate date of Measles infection (disease): ............................................................

3. Date of blood test for Measles Immunity: ............................................................ Results ________

   Pos/Neg/Equiv

B: MUMPS—complete ONE of the following:

1. ONE date of Mumps vaccination: ........................................................................

   (Live vaccine administered on or after the first birthday after 1/69)

2. Approximate date of Mumps infection (disease): ............................................................ Results ________

   Pos/Neg/Equiv

C: RUBELLA (German Measles)—complete ONE of the following:

1. ONE date of Rubella vaccination (live vaccine): ............................................................

2. Date of blood test for Rubella Immunity: ............................................................ Results ________

   Pos/Neg/Equiv

New York State Public Health Law and Stony Brook University Policy require that all students (Undergraduate, Transfer, Graduate, SPD students, Certificate Program students, and Distance Learners) return a completed immunization form.

• Students born before 1957 are exempt from the Measles, Mumps, and Rubella vaccine requirement.

Immunization information can be obtained from the following sources: Your private medical practitioner, high school health office, previous college health service (transfer students), or infant records held by parents that are signed by a physician. Have your physician’s office complete the enclosed Immunization Form and return it to the Student Health Service before the first day of classes. It is important that we receive the immunization information before that date so your form can be processed early to avoid registration / de-registration problems.