

# Health Form - Part Time Students



STATE UNIVERSITY OF NEW YORK

**When Completed, Mail Directly to:**

Director, Student Health Service  
Stony Brook University  
Stony Brook, New York 11794-3191

**Student Health Service**

Tel: (631) 632-6740  
TDD: (631) 632-6171  
Fax: (631) 632-6936

Name \_\_\_\_\_ ID# \_\_\_\_\_  
(Print) Last First Middle

Home Address \_\_\_\_\_ ( ) \_\_\_\_\_  
Number and Street City/Town State Zip Code Home Telephone

E-mail Address \_\_\_\_\_ ( ) \_\_\_\_\_  
Cell Phone

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ ( ) \_\_\_\_\_  
Phone

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.**

<b>PART I—REQUIRED IMMUNIZATION INFORMATION</b>	DATE OF BIRTH: _____ / _____ / _____ <small>month day year</small>
Please have your physician complete either Section I and/or Section II and sign.	
<b>SECTION I</b> List <b>TWO</b> dates of “MMR” (Measles, Mumps, Rubella) vaccine inoculation: _____ and _____ <b>(Two doses of live vaccine administered on or after the first birthday after 1/68)</b> <b>OR attach a copy of an immunization record signed by a practitioner.</b>	
<b>SECTION II</b> <b>A: MEASLES—complete ONE of the following:</b> 1. <b>TWO</b> dates 30 days apart of Measles vaccination: _____ and _____ <b>(Live vaccine administered on or after the first birthday after 1/68)</b> 2. Approximate date of Measles infection (disease): _____ 3. Date of blood test for Measles Immunity: _____ Results _____ <small>Pos/Neg/Equiv</small>	
<b>B: MUMPS—complete ONE of the following:</b> 1. <b>ONE</b> date of Mumps vaccination: _____ <b>(Live vaccine administered on or after the first birthday after 1/69)</b> 2. Approximate date of Mumps infection (disease): _____ 3. Date of blood test for Mumps Immunity: _____ Results _____ <small>Pos/Neg/Equiv</small>	
<b>C: RUBELLA (German Measles)—complete ONE of the following:</b> 1. <b>ONE</b> date of Rubella vaccination (live vaccine): _____ 2. Date of blood test for Rubella Immunity: _____ Results _____ <small>Pos/Neg/Equiv</small>	
Physician's Signature/Stamp _____	Date _____