ADELPHI UNIVERSITY

IMMUNIZATION RECORD

Healthcare provider's stamp or license number is required or it will NOT be processed.

Student name _____
Family name/surname First/given name MI

Date of birth _____ Age _____

To comply with New York State immunization law, you must have some combination equivalent to two doses of measles vaccine, at least one mumps and one rubella, or provide serological evidence of immunity (titers).

REQUIRED IMMUNIZATIONS (to be completed by a healthcare provider)

MMR (measles, mumps, rubella)—If given as a combined dose instead of individual immunizations

☐ Dose 1: Immunized no more than four days prior to first birthday and after 1971 Date ____/_____/_____

☐ Dose 2: Immunized as above and at least 28 days after first dose of MMR Date ____/_____/_____

Or

MEASLES—Two doses at least 28 days apart, given no more than four days prior to first birthday and after 1967

☐ Dose 1: Immunized on or after January 1, 1968 Date ____/_____/_____

☐ Dose 2: Immunized as above and at least 28 days after first dose of measles Date ____/_____/_____

MUMPS—One dose after January 1, 1968 Date ____/_____/_____

RUBELLA (German measles)—One dose after January 1, 1968 Date ____/_____/_____

Or

Serologic evidence of immunity for each disease—Laboratory reports verifying immunity (IgG) to measles, mumps and rubella is required (titers).

☐ Lab reports attached

RECOMMENDED IMMUNIZATIONS FOR PRE-COLLEGE STUDENTS

TDaP (booster recommended for all students) ____/____/___ Meningococcal vaccine ____/____/____

Or

Tetanus toxoid (within 10 years) ____/____/____

Chicken pox (varicella) immunization 1) ___/___/____ 2) ____/___/____ or date of disease ____/____/____

Hepatitis B series 1) ____/____/_____ 2)____/____/____ 3)____/____/____

Hepatitis A series 1) ____/____/____ 2)____/____/____ (if considering or definitely traveling abroad)

Gardasil series 1) ____/____/_____ 2)____/____/____ 3)____/____/____

Healthcare Provider (Official stamp is required; no form will be accepted without stamp, or license number if no stamp available.)

Name _____ Phone _____

Signature _____ License no. _____

Date _____ Stamp

This form must be returned to the Office of High School and Pre-College Programs, Hagedorn Hall, Room 201, One South Avenue, P.O. Box 701, Garden City, NY 11530-0701, USA or faxed to 516.877.3424.