New York State Public Health Law 2167 requires that all college and university students enrolled for at least 6 semester credits, or the equivalent per semester, must complete and return the following form to the Adelphi University Health Services Center. For information regarding meningococcal disease and the meningococcal vaccination, visit adelphi.edu/meningitis.

Please check one of the following boxes and sign below:

☐ Had the meningococcal meningitis immunization within the past five years.
Date received ___________________________ Healthcare provider stamp required ___________________________

☐ Read, or have had explained to me, the information regarding meningococcal meningitis disease.
I understand the risks of not receiving the vaccine. I have decided that I/my child will not obtain immunization against meningococcal meningitis disease.

Signature of student (if 18 or older/parent or guardian if student is a minor) ___________________________ Date ___________________________

The form may be uploaded to the Health Portal in your eCampus account.

The above requirements must be submitted prior to the first day of classes. Failure to comply will result in medical suspension from classes and subsequent withdrawal from the University. Students who require a medical or religious exemption must contact the Health Services Center at 516.877.6000 to discuss further requirements.

Revised September 2022
Immunization records are required prior to the first day of class. Please complete this form and return it to the Health Services Center or fax it to 516.877.6008. If any portion of this document is illegible, it will not be processed.

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

**Student name**

**Date of birth**

**Age**

**Adelphi ID no. or SSN**

To comply with New York state immunization law, you must have some combination equivalent to two doses of the 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
    
  - Dose 2: Immunized as above and at least 28 days after first dose of MMR

- **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
  - Dose 2: Immunized as above and at least 28 days after first dose of measles

- **MUMPS**—One dose after January 1, 1968

- **RUBELLA** (German measles)—One dose after January 1, 1968

- Or

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

- Or

  Lab reports attached

**RECOMMENDED IMMUNIZATIONS**

- **COVID-19 vaccine**: 1) ___/___/____ 2) ___/___/____

  Booster ___/___/____

  Tdap (booster recommended for all students) ___/___/____

  Meningococcal Type B vaccine date ___/___/____

  Meningococcal Type A/CYW-135 date ___/___/____

  (must also complete under Part D)

- Or

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

  Chicken pox (varicella) immunization 1) ___/___/____ 2) ___/___/____

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

  Hepatitis A series 1) ___/___/____ 2) ___/___/____

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

Note: If student is a nursing major, serological evidence of immunity (titers) to measles, mumps, varicella and hepatitis B will be required for clinical rotations, and may be required for COVID-19.

**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**