

## **Immunization Requirements The King's College**

If you were born after December 31, 1956, you are required by law to prove you are immune to Measles, Mumps and Rubella (New York Public Law 2165). Acceptable proof of immunity may include an immunization card, immunization records from High School or other schools you attended or records from your medical provider. If you do not have records you must be immunized again or have a blood test to prove you are immune to all three diseases.

### ▶ **Measles, Mumps and Rubella (MMR) Requirements:**

- **Measles** - two immunizations given after your first birthday, and given at least thirty days apart
- **Mumps** - one immunization
- **Rubella** – one immunization

**OR**

- **Titer Test** - you may prove immunity by having a Blood Test (Titer) drawn

**OR**

- **Religious Exemption** - If your religious beliefs prohibit you from receiving vaccinations please submit a letter stating your convictions in sufficient detail for the college to consider your request.

### ▶ **Meningococcal Meningitis**

Each student must complete the attached Meningococcal Waiver Form certifying:

- S/he has had the immunization within ten years
- S/he understands the risks of meningitis and does not want the vaccination

**Submit your immunization records and Meningococcal Waiver Form to:**

The King's College  
Admissions Office  
350 Fifth Avenue, Lower Lobby  
New York, NY 10118  
Fax: 212-659-3611

To confirm that we have received faxes, call the Admissions Office (212-659-3610).  
Print your name and Social Security number on all documents.

**Proof of immunization must be supplied before the first day of classes.**

## Immunization Documentation Practitioner's Form

### Student Information:

**Full Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

### For Practitioner to Complete:

This King's College student must comply with the New York Public Law 2165 regarding immunizations. The specific requirements are outlined above. A minimum interval of thirty days should be maintained between administrations of live virus vaccines. Dates of disease are only acceptable if you were the practitioner in attendance during this student's illness. Please do not accept anecdotal information from students or parents.

If immune titers are performed we require the test result and index for each disease. Complete the data section on the back of this form, validate the record with your signature and office stamp and include your office telephone number.

Thank you for helping this student pursue an education free of the risk of vaccine preventable diseases.

<b>Immunization Dates</b>			
	<b>MM / DD / YY</b>		<b>MM / DD / YY</b>
<b>MMR</b>		<b>MMR</b>	
<b>MEASLES</b>		<b>MEASLES</b>	
<b>RUBELLA</b>		<b>RUBELLA</b>	
<b>MENINGITIS</b>			

	<b>MM / DD / YY</b>	<b>Titer Results</b>	<b>Reference Range</b>
<b>MMR</b>			
<b>MEASLES</b>			
<b>RUBELLA</b>			

**Full Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **STAMP:** \_\_\_\_\_

## **Meningitis Vaccination Form**

### **The King's College**

New York State Public Health Law requires all college students enrolled for at least six semester hours per semester to complete and return the following form to The King's College admission's office.

**Full Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

Check one box and sign below:

- I have had the Meningococcal Meningitis immunization (Menomune™) within the past ten years and have attached documentation to this form.
  
- I will obtain immunization against Meningococcal Meningitis within 30 days.
  
- I have decided that I will **NOT** obtain immunization against the Meningococcal Meningitis disease.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Student's Signature)

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