



THE KING'S COLLEGE

IMMUNIZATION REQUIREMENTS

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 Health Law 2165). Acceptable proof of immunity may include an immunization card, records from your medical provider, or immunization records from high school or other schools you have attended. If your records are not available, you must be immunized again or take a blood test to prove you are immune to all three diseases.

MEASLES, MUMPS AND RUBELLA (MMR) REQUIREMENTS:

- **Measles** – two doses administered after your first birthday with at least thirty days between each dose
- **Mumps** – one dose
- **Rubella** – one dose

OR

- **MMR (combined vaccination)** – two doses

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 make a determination regarding an exemption.

MENINGOCOCCAL MENINGITIS

Each student must complete the attached Meningitis Vaccination Response Form certifying:

- S/he has had the vaccine within the past ten years
- S/he understands the risks of meningitis and will receive the vaccination within 30 days
- S/he understands the risks of meningitis and will not receive vaccination

Submit your immunization records and Meningitis Vaccination Response Form to:

The King's College
Admissions Office
56 Broadway
New York, NY 10004
Fax: 1-877-349-0231

To confirm that we have received faxes, call The Admissions Office (212-659-3610).
Please print your name on all documents.

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



THE KING'S COLLEGE

**IMMUNIZATION DOCUMENTATION
Practitioner's Form**

STUDENT INFORMATION:

Full Name _____

Date of Birth _____ Student SSN _____

FOR PRACTITIONER TO COMPLETE:

This King's College student must comply with the New York Public Health 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 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.

IMMUNIZATION DATES		TITER TEST		
	MM / DD / YY		Titer Results	Reference Range
MEASLES (Dose 1)		MEASLES		
MEASLES (Dose 2)		MUMPS		
MUMPS		RUBELLA		
RUBELLA				
MMR (Dose 1)				
MMR (Dose 2)				
MENINGITIS				

Practitioner's Name: _____

Title: _____

Signature: _____ Date: _____

Telephone: _____

PHYSICIAN'S STAMP



THE KING'S COLLEGE

MENINGITIS VACCINATION RESPONSE FORM

New York State Public Health Law requires all college and university students enrolled for at least six (6) semester hours or the equivalent per semester to complete and return the following form to The King's College admissions office.

Full Name _____

Date of Birth _____ Student ID Number _____

Mailing Address _____

Email Address _____

Phone Number _____

Check one box and sign below:

- I have received the meningococcal meningitis immunization (Menomune™) within the past ten years.
Please indicate date vaccine was received or attach proof to this form _____
- I understand the information regarding meningococcal meningitis and will obtain immunization against the disease within 30 days from my private health care provider.
- I understand the risks of not receiving the vaccine and have decided that I will **NOT** obtain immunization against meningococcal meningitis disease.

Signed _____ Date _____

STUDENT'S SIGNATURE

The King's College
Admissions Office
56 Broadway
New York, NY 10004
Fax: 1-877-349-0231