LAST NAME, FIRS	T	DATE OF BIRTH	F	RAM ID	

## **IMMUNIZATION REQUIREMENTS**

New York State law and Farmingdale State College, in keeping with recommendations of the American College Health Association and the Centers for Disease Control, require all students born on or after January 1, 1957 who are attending an institution of higher education to show proof of two doses of live measles vaccine, one dose of live mumps vaccine and one dose of live rubella vaccine, given after one year of age. In lieu of immunization dates, the physician may provide a date of disease for measles and mumps only; history of rubella disease is not acceptable. Student may also choose to have blood tests called titers in lieu of immunizations which will show actual levels of immunity to each of the three diseases. If titers are drawn, please attach copies of actual laboratory reports.

ALL NURSING, DENTAL HYGI	ENE AND MEDICAL LABORAT	FORY TECHNOLOGY STUDENTS
MUST SUBMIT THE FOLLOWING T	TITERS, WHICH ARE REQUIRE	D FOR THEIR CLINICAL ROTATIONS:

Hepatitis B (or proof of shots)

Measles

Mumps

Rubella

Varicella

Please use grid below to enter information. Please attach copies of laboratory reports for all titers.

## IMMUNIZATION REQUIREMENTS

If blood titers were drawn, please attach lab report

IMMUNIZATION	DATE	DATE	DATE
MMR			
MEASLES			
MUMPS			
RUBELLA			

IMMUNIZATION	DATE	DATE	DATE
HEPATITIS B			
MENINGOCOCCAL within 5 years for resident students required			
TDAP within 10 years			

Provider's Signature Required	
Print Name	OFFICE STAMP REQUIRED
Address	
Phone () Fax ()	
RETURN THIS FORM TO:	
Health and Wellness Center	
Farmingdale State College	



2350 Broadhollow Road Farmingdale, NY 11735