

**ST. JOSEPH'S SEMINARY
MASTERS DEGREE PROGRAM**

PROOF OF IMMUNIZATION

Applicant Name: _____ (Please Print)

Applicant Date of Birth _____

Note to Applicant: Bring your record of immunizations with you when you have your medical examination. Your doctor can determine what is missing from your record of immunizations and bring your immunizations up to date to be in compliance with New York State Public Health Law 2165 as stated below. This record must be complete prior to beginning studies at St. Joseph's Seminary.

NYS Public Health Law now requires post-secondary students to show protection against measles, mumps and rubella. Persons born prior to January 1, 1957 are exempt from this requirement. Please provide proof of birth date if born prior to January 1, 1957. (passport or driver's license)

REQUIRED: MEASLES (Rubeola) IMMUNITY - Must have **one** of the following:

1. Two dates of Measles Immunization: (1) _____ (2) _____.
Both must be given after 1967 **AND** the first on or after the first birthday and the second on or after 15 months of age.
2. Date of Measles Titer _____ Results _____
3. Date of physician diagnosed measles disease _____
AND signature of the diagnosing physician _____

REQUIRED: Rubella (German Measles) Immunity – Must have **one** of the following:

1. Date of at least one mumps immunization: (1) _____ (2) _____
Must be on or after first birthday
2. Date of Rubella Titer _____ Results _____
Physician diagnosis is **NOT** acceptable.

REQUIRED: Mumps Immunity – Must have **one** of the following:

Must be on or after first birthday.

1. Date of Mumps Titer _____ Results _____
2. Date of physician diagnosed mumps disease _____
AND signature of the diagnosing physician _____

PLEASE NOTE: MMR vaccine is recommended for all measles vaccine doses to provide increased protection against all three vaccine-preventable diseases: measles, mumps, and rubella.

The certificate of immunization shall be prepared by a **physician, physician assistant, or nurse practitioner**; and it shall specify the vaccines and give the dates of administration. It may also show physician-verified history of disease, laboratory evidence of immunity or medical exemption.

(Source: <http://www.health.state.ny.us/prevention/immunization/handbook/index.htm>)

During an enforcement visit by a representative of NY State in March 2012, it was indicated that the name and address of the person completing the certificate of immunization must be present on the certificate in order to assure "traceability".

Signature of Health Practitioner _____ Date _____

Name of Health Practitioner _____

Indicate Degree: _____ M.D.; _____ N.P.; _____ P.A.; _____ D.O.

Address of Health Practitioner _____

MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE FORM

New York State Public Health Law requires that all college and university students enrolled for at least six (6) semester hours or the equivalent per semester, or at least four (4) semester hours per quarter, complete and return the following form to the Seminary Academic Office.

Check one box and sign below.

I have:

_____ had meningococcal meningitis immunization within the past 10 years.

Date received: _____

[Note: If you received the meningococcal vaccine available before February 2005, called Menomune™, please note this vaccine's protection lasts for approximately 3 to 5 years. Revaccination with the new conjugate vaccine, called Menactra™, should be considered within 3-5 years after receiving Meomune™.]

_____ read, or have had explained to me, the information regarding meningococcal meningitis disease. I will obtain immunization against meningococcal meningitis within 30 days from my private health care provider.

_____ 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 will not obtain immunization against meningococcal meningitis disease.

Signed: _____ Date: _____

Print Student 's Name _____

Date of Birth: _____