

## **New York State Requirement**

### **Measles, Mumps and Rubella (MMR) Vaccination**

New York State Public Health Law 2165 requires undergraduate, graduate, and professional students to demonstrate acceptable proof of immunity against measles, mumps and rubella to the schools in which they are enrolling. The law applies only to students born on or after January 1, 1957.

**Entering students are required to submit proof of immunization. Your immunization information must be filed with the Marist College Health Services office by fax at 845-575-3275 or by mail at Marist College Health Services no later than 2 weeks after your enrollment.**

Marist College is mandated by New York State law to enforce this requirement. As part of the compliance procedure, Marist College submits an annual report to the New York State Department of Health attesting to the status of our students' immunizations. Marist College is also subject to audits by the State.

**Note: Fines resulting from any such audit conducted by the State that arise from an individual student's failure to comply with this law will be passed on to that student.**

#### **Required Vaccines**

One of the following is required:

- Two measles vaccines, one mumps vaccine and one Rubella vaccine
- Two measles, mumps, rubella vaccines (MMR1 and MMR2)
- A blood test showing immunity to measles, mumps and rubella.

#### **Acceptable Proof of MMR Immunization**

You may submit **any one of the following** as proof of MMR immunization:

- The Marist College MMR Immunization Form (included) completed and signed by your doctor

OR

- A copy of your health care provider-certified immunization record

OR

- An immunization record from your undergraduate or high school or the armed services. (Proof of honorable discharge from the armed services within 10 years of enrollment in Marist College will allow you to attend classes pending actual receipt of your immunization records.)

#### **Exceptions**

Proof of MMR immunization is not necessary if any of the following exceptions apply:

- If you are a student born before January 1, 1957
- If you are unable to receive a vaccine for medical reasons and your doctor writes a note to this effect and signs it
- If you are unable to receive a vaccine for religious reasons and you submit documentation. In the event of an outbreak of measles, mumps or rubella, you will not be allowed to attend class.

#### **If immunization is needed:**

Dutchess County Health Department 387 Main Street, Poughkeepsie, NY 12601 845-486-3401

**MARIST COLLEGE HEALTH SERVICES**  
**3399 North Road, Poughkeepsie, NY 12601**  
**845-575-3270 phone**  
**845-575-3275 fax**

**Mandatory Immunization Information**

**Due at Marist College Health Services (via mail or fax) two weeks after enrollment.**

N.Y.S. Public Health Law § 2165 requires post-secondary students to show protection against measles, mumps and rubella. Persons born prior to January 1, 1957, are exempt from this requirement. Immunizations below must have been given after 1957 AND after the first birthday; the second immunization must have been given on or after 15 months of age.

Name: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Campus wide identification number (CWID) #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_

**The following section must be completed and signed by a licensed health care provider unless you are providing a copy of your high school or college health record or a certified vaccine record. Dates must include month, day, and year.**

Immunization	Date (month/day/year)
1. Measles – First dose	Administered after first birthday
2. Measles – Second Dose	Administered after 15 months of age, at least 30 days after first dose
3. Mumps	Administered after first birthday
4. Rubella	One live vaccine administered After first birthday
<b>OR</b>	
1. MMR #1 (measles, mumps, rubella)	Administered after first birthday
2. MMR #2	
<b>OR</b>	
Titer	Blood test proving immunity to Measles, Mumps, and Rubella

\_\_\_\_\_  
Print name of Health Practitioner

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date