

Dear Visiting Student,

Welcome to Marist College!

The office of Marist Health Services facilitates the College's compliance with New York State Health laws.

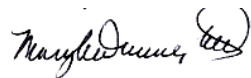
Enclosed are three New York State mandated forms that you must complete and sign. Please return them via mail or fax, or you may scan completed documents to email to [Health.Services@marist.edu](mailto:Health.Services@marist.edu). **All forms must be received as soon as possible after enrollment.**

**Please note that students will not be allowed to register for classes or remain on campus unless all completed forms have been received.**

We recommend that you keep a copy of all your health forms for your own reference.

Office of Health Services  
Student Center 350  
Marist College  
3399 North Road  
Poughkeepsie, NY  
12601-1387  
845-575-3270  
845-575-3275 fax  
Health.Services@Marist.edu

Sincerely,



Mary L. Dunne, MD  
Medical Director

Enc:   page 2   MMR Vaccination Information  
      page 3   Mandatory Immunization Information  
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# MARIST

Name \_\_\_\_\_ Date \_\_\_\_\_  
           LAST                                  FIRST                                  MIDDLE

CWID# \_\_\_\_\_ Date of Birth \_\_\_\_\_

## **MEASLES, MUMPS, RUBELLA (MMR) VACCINATION INFORMATION**

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 or documentation of medical or religious exemption. Your immunization information must be filed with Marist Health Services office by fax at 845-575-3275 or by mail as soon as possible after enrollment, by August 1 for Fall semester.**

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 (page 3) completed and signed by your health care provider

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

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**I have read, or have had explained to me, the information regarding NYS MMR requirements.**

**Student Signature**

\_\_\_\_\_  
 (Parent must sign if student is younger than 18 years of age.)

# MARIST

Name \_\_\_\_\_ Date \_\_\_\_\_  
LAST                      FIRST                      MIDDLE

CWID# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email address \_\_\_\_\_

## MANDATORY IMMUNIZATION INFORMATION

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.

**Student to complete:**

**Check one to indicate the way in which you are complying with NYS Public Health Law 2165:**

- See immunization/immunity information below
- See attached immunization record (must be dated and signed by health care provider)
- See attached immunization record from high school, prior college, or military service
- See attached documentation of honorable discharge from the US military (immunization record must follow)
- I was born before January 1, 1957, and I am exempt from this requirement
- I have a medical exemption; see attached documentation
- I have a religious exemption; see attached documentation

**Health Care Provider to complete:**

**The following section must be completed and signed by a licensed health care provider unless the student is providing a copy of a high school health record or a certified vaccine record (please attach). 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                          | At least 30 days after first MMR.                                      |                  |
| <b>OR</b>                          |  |                  |
| Titer                              | Blood test proving immunity to Measles, Mumps, and Rubella             |                  |

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

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

