**NEW YORK STATE PUBLIC HEALTH LAW AND STONY BROOK UNIVERSITY POLICY REQUIRE THAT ALL STUDENTS (UNDERGRADUATE, TRANSFER, GRADUATE, SPD STUDENTS, CERTIFICATE PROGRAM STUDENTS, AND DISTANCE LEARNERS) RETURN A COMPLETED IMMUNIZATION FORM.**

- **Students born before 1957 are exempt from the Measles, Mumps, and Rubella vaccine requirement.**

Immunization information can be obtained from the following sources: Your private medical practitioner, high school health office, previous college health service (transfer students), or infant records held by parents that are signed by a physician. **Have your physician’s office complete the enclosed Immunization Form and return it to the Student Health Service before the first day of classes.** It is important that we receive the immunization information before that date so your form can be processed early to avoid registration / de-registration problems.

### PART I–REQUIRED IMMUNIZATION INFORMATION

Please have your physician complete either Section I and/or Section II and sign.

<table>
<thead>
<tr>
<th>DATE OF BIRTH:</th>
<th>month</th>
<th>day</th>
<th>year</th>
</tr>
</thead>
</table>

#### SECTION I

**List TWO dates of “MMR” (Measles, Mumps, Rubella) vaccine inoculation:** ........................................................ and ........................................................

(Two doses of live vaccine administered on or after the first birthday after 1/68)

**OR attach a copy of an immunization record signed by a practitioner.**

#### SECTION II

**A: MEASLES**—complete ONE of the following:

1. **TWO** dates 30 days apart of Measles vaccination: ................................................................................... and ........................................................

   *(Live vaccine administered on or after the first birthday after 1/68)*

2. Approximate date of Measles infection (disease): ...................................................................................

3. Date of blood test for Measles Immunity: ............................................................................ ______________

   Results ______________ Pos/Neg/Equiv

**B: MUMPS**—complete ONE of the following:

1. **ONE** date of Mumps vaccination: ....................................................................................

   *(Live vaccine administered on or after the first birthday after 1/69)*

2. Approximate date of Mumps infection (disease): ............................................................................

3. Date of blood test for Mumps Immunity: ............................................................................ ______________

   Results ______________ Pos/Neg/Equiv

**C: RUBELLA (German Measles)**—complete ONE of the following:

1. **ONE** date of Rubella vaccination (live vaccine): ............................................................................

2. Date of blood test for Rubella Immunity: ............................................................................ ______________

   Results ______________ Pos/Neg/Equiv

**Physician’s Signature/Stamp**

**Date**