

# Immunization Requirement Form



ALL MATRICULATED STUDENTS ENROLLED FOR SIX (6) OR MORE CREDITS **MUST COMPLETE THIS FORM.** *Students will not be allowed to register or attend classes unless they submit this completed form. If any portion of this document is illegible, it will not be processed. Please submit copies of all supporting documentation and keep originals for your records. Supporting documentation does not preclude the completion of this form. Please print legibly.*

## Part One: Student Information

First semester at Pace University  FALL  SPRING  SUMMER YEAR \_\_\_\_\_

Student ID #: U \_\_\_\_\_ Campus:  NYC  PLV  WP – Grad Center  WP – Law School

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 LAST NAME FIRST NAME MIDDLE INITIAL DATE OF BIRTH

\_\_\_\_\_(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
 PACE E-MAIL ADDRESS PHONE NUMBER

## Part Two: Meningococcal Meningitis

**Completion of this part is not optional. You must check ONE of the boxes and sign below to be in compliance with NYS Public Health Law 2167. For students under the age of 18, signature of parent or guardian is also required.**

I have:

- Had the meningococcal meningitis immunization within the past 10 years. **Date of shot** \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Read or have had explained to me the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccination. I have decided that I (my child) will not obtain immunization against meningococcal meningitis disease.

STUDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ PARENT'S or GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## Part Three: Measles, Mumps, Rubella

**NOTE: Please see the reverse side of this form for information on completion of this part and acceptable supporting documentation.**

### MMR VACCINATION:

MMR Dose #1 \_\_\_\_ / \_\_\_\_ / \_\_\_\_\* \*Please note that the first MMR/Measles Dose must be on or after your first birthday.

MMR Dose #2 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**OR**

	<b>Dose #1</b>	<b>Dose #2</b>
Measles	____ / ____ / ____*	____ / ____ / ____
Mumps	____ / ____ / ____	XXXXXXXXXXXXXXXXXXXX
Rubella	____ / ____ / ____	XXXXXXXXXXXXXXXXXXXX

### HISTORY OF DISEASE:

*This must be verified below by a health care provider.*

Measles \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Mumps \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Rubella XXXXXXXXXXXXXXXXXXXX

### EXEMPTIONS:

- Religious Exemption:** If a student has a deeply held aversion to receiving vaccinations for religious reasons, a letter signed by the student stating this is required.
- Medical Exemption:**  Temporary  Permanent  
 Requires a letter from a health care provider detailing conditions.
- Birth Exemption:** Proof of birth prior to January 1, 1957 must be submitted with this form.

### Health Care Provider Information:

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

**OFFICIAL STAMP AND/OR LICENSE NUMBER OF HEALTH CARE PROVIDER IS REQUIRED.**

**FOR OFFICE OF STUDENT ASSISTANCE - IMMUNIZATION COMPLIANCE USE ONLY**

Received: \_\_\_\_\_ Entered: \_\_\_\_\_ OSA rep: \_\_\_\_\_ Missing Info Y N

## Instructions for the Immunization and Meningitis Documentation Form

### Return the signed and completed form by mail or fax to:

Pace University  
OSA — Immunization Compliance  
One Pace Plaza, W100G  
New York, NY 10038  
Tel: (212) 346-1320  
Fax: (914) 989-8309

### Return by the following dates:

Fall Entry Term — **August 1**  
Spring Entry Term — **December 1**  
Summer Entry Term — **April 1**

**STUDENTS WILL NOT BE ALLOWED TO REGISTER OR ATTEND CLASSES UNLESS THEY SUBMIT THIS COMPLETED FORM.**

### Part One (To be filled out completely by the student)

Please make sure to provide us with your Student Identification Number, a phone number where you can be reached, and your assigned Pace e-mail address. Requests for any additional information will be made via your Pace e-mail address or phone.

### Part Two (To be filled out by the student)

#### Meningococcal Meningitis

On July 22, 2003, Governor Pataki signed New York State Public Health Law (NYS PHL) 2167 requiring institutions, including colleges and universities, to distribute information about meningococcal disease and vaccination to all students meeting the enrollment criteria, whether they live on or off campus.

Pace University is required to maintain a record of the following for each student:

- A response to receipt of meningococcal disease and vaccine information signed by the student or student's parent or guardian. This must include information on the availability and cost of meningococcal meningitis vaccine (Menactra or Menomune);

#### AND EITHER

- A record of meningococcal meningitis immunization within the past 10 years signed by a licensed health care provider;

#### OR

- An acknowledgement of meningococcal disease risks and refusal of meningococcal meningitis immunization signed by the student or student's parent or guardian.

#### Resident first-year students are strongly encouraged to receive a meningitis vaccination.

Students in a nursing program or a physician assistant program must complete this part of the form and submit it with a copy of the blood titer results required for participation in those programs.

### Part Three (To be completed by health care provider)

#### Measles, Mumps, Rubella (MMR)

As per New York State Public Health Law (NYS PHL) 2165, degree-seeking students born on or after January 1, 1957, must provide the University with documentation of immunity to measles, mumps, and rubella (MMR). These diseases can cause severe health problems.

**You must provide proof of having received two measles, one mumps, and one rubella vaccination.** The dates of these vaccinations must be indicated in this part, and the first measles vaccination must have been received on or after your first birthday.

Please note that any supporting documentation must have been either signed or stamped by a hospital or medical provider or, in the case of prior high school or university records, stamped by an official of that institution. **An original signature or stamp must appear on the documentation.** Faxes will be accepted as long as they are received directly from a health care provider, high school, or university/college.

#### ALL SUPPORTING DOCUMENTATION MUST CLEARLY SHOW THE DATES OF YOUR VACCINATIONS.

If you have had either the measles or mumps in the past, no proof of vaccination will be necessary. However, we will require that the date when you contracted the disease **be verified by a health care provider or it will not be accepted.**

Another way to prove compliance is through a Blood Antibody Titer test that measures the level of measles, mumps, and rubella antibodies in your blood. We require that dated lab results must be attached to this form. Be advised that an equivocal result will be accepted as compliant. If you were prior to January 1, 1957, please check the Birth Exemption box. We will verify your birth date against the information available in your student academic record.

The University Health Care Office on your campus can assist you in fulfilling these requirements. Inoculations can be administered at the cost of \$15.00 for each measles, mumps, and rubella (MMR) injection. Meningitis vaccine may not be available. You may contact the Health Care Office (UHC) directly at the numbers below to make an appointment:

New York City UHC (212) 346-1600  
Westchester UHC (914) 773-3760