

## IMMUNIZATION REQUIREMENTS

New York State law and Farmingdale State College, in keeping with recommendations of the American College Health Association and the Centers for Disease Control, require all students born on or after January 1, 1957 who are attending an institution of higher education to show proof of two doses of live measles vaccine, one dose of live mumps vaccine and one dose of live rubella vaccine, given after one year of age. In lieu of immunization dates, the physician may provide a date of disease for measles and mumps only; history of rubella disease is not acceptable. Student may also choose to have blood tests called titers in lieu of immunizations which will show actual levels of immunity to each of the three diseases. If titers are drawn, please attach copies of actual laboratory reports.

	DATE	DATE	DATE	DATE OF DISEASE	TITER DATE + RESULTS
					Attach actual lab report
MMR					
MEASLES					
MUMPS					
RUBELLA					
RECOMMENDED HEPATITIS-B					
RECOMMENDED VARICELLA					
TETANUS-DIPHTHERIA <small>within 10 years</small>					
RECOMMENDED REQUEST OF RESIDENT STUDENTS MENINGOCOCCAL					

**ALL NURSING, DENTAL HYGIENE AND MEDICAL LABORATORY TECHNOLOGY STUDENTS MUST SUBMIT THE FOLLOWING TITERS, WHICH ARE REQUIRED FOR THEIR CLINICAL ROTATIONS:**

Hepatitis B *(or proof of shots)*  
Rubella

Measles  
Varicella

Mumps

Please use grid above to enter information. Please attach copies of laboratory reports for all titers.

Provider's Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_

OFFICE STAMP:

Return this form to:  
**FARMINGDALE STATE COLLEGE  
 HEALTH AND WELLNESS CENTER**  
 Scan this form to:  
**WELLNESS@FARMINGDALE.EDU**  
 or Fax this form to:  
**(631) 420-2137**  
 or Mail this form to:  
**HEALTH AND WELLNESS CENTER  
 FARMINGDALE STATE COLLEGE  
 2350 BROADHOLLOW ROAD  
 FARMINGDALE, NY 11735**