ONONDAGA
COMMUNITY COLLEGE

A College of the State University of New York

4585 West Seneca Turnpike, Syracuse, New York 13215-4585

Certificate of Immunization

Today's Date_____

Student's Name _____ Former Name _____

Apartment # _____ Student ID _____

Street Address _____ Date of Birth _____

City/State/Zip _____ Phone # _____

New York State Public Health Law requires all students born after 1956 and enrolling for more than 5 credit hours to prove immunity to measles, mumps and rubella. All immunizations must be administered after 1967, on or after the first birthday, and a minimum of 28 days apart. Exceptions to this requirement will be made for students with genuine and sincere religious beliefs contrary to immunization or for those for whom immunization is medically contraindicated.

Proof of Immunity

Two (2) Measles, one (1) mumps and one (1) rubella immunization OR serology demonstrating proof of immunity to measles, mumps and rubella OR, history of disease (must have date) for measles and mumps signed by diagnosing physician. History of rubella is not acceptable.

Section A: MMR (Measles, Mumps and Rubella)	Month / Day / Year
☐ **1st MMR Dose:** Administered no more than 4 days prior to first birthday	_____ / _____ / _____
AND	
☐ **2nd MMR Dose:** Administered after 15 months of age and at least 28 days after 1st dose	_____ / _____ / _____
Section B: Part 1 - Measles	**Month / Day / Year**
☐ **1st LIVE Virus Dose:** Administered no more than 4 days prior to 1st birthday	_____ / _____ / _____
AND	
☐ **2nd LIVE Virus Dose:** Administered after 15 months of age and at least 28 days after 1st dose **OR**	_____ / _____ / _____
☐ History of Illness documented by Health Care Provider **OR**	_____ / _____ / _____
☐ Immunity Proven by Serologic Testing – MUST SUBMIT COPY OF LAB REPORT	_____ / _____ / _____
Section B: Part 2 - Mumps	**Month / Day / Year**
☐ **Live Virus Dose:** Administered no more than 4 days prior to first birthday **OR**	_____ / _____ / _____
☐ History of Illness documented by Health Care Provider **OR**	_____ / _____ / _____
☐ Immunity Proven by Serologic Testing – MUST SUBMIT COPY OF LAB REPORT	_____ / _____ / _____
Section B: Part 3 – Rubella (German Measles)	**Month / Day / Year**
☐ **Live Virus Dose:** Administered no more than 4 days prior to first birthday AND after 1/1/69 **OR**	_____ / _____ / _____
☐ Immunity Proven by Serologic Testing – MUST SUBMIT COPY OF LAB REPORT *NOTE: History of illness is NOT acceptable*	_____ / _____ / _____

Meningitis Vaccination - Recommended

New York Public Health Law requires that all college students enrolled for 6 hours or more be provided with information on meningitis and meningitis vaccine and either provide proof of meningitis vaccine within the last 10 years or decline immunization.

Meningococcal Vaccination Date _____ ☐ Menactra ☐ Menomune

✕ Signature of Healthcare Provider completing form: _____ Date_____

Meningitis Declination – To be completed by student if vaccination not received:

☐ I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that I (my child) will **not** obtain immunization against meningococcal/meningitis disease.

Signature_____ Date_____

Student Signature OR Parent/Guardian if student is under 18 years old

This form must be completed and returned to Student Central or students will be restricted from registration and/or class attendance.

Please return form to: Student Central, Onondaga Community College, 4585 W Seneca Turnpike, Syracuse NY 13215. Phone (315)498-2000 Fax (315)469-9270