

Please return to the registrar's office

MERCY COLLEGE IMMUNIZATION RECORD

Name: _____ Date: _____

Soc. Sec.#: _____ Date of Birth _____

I certify that the following is the immunization record of the above-named person. This record is presented in accordance with the New York State Immunization requirements for college students.

Measles (Rubeola):

Two doses of measles vaccine: Date: Dose 1 _____
(given after 1st birthday) Dose 2 _____

OR

Physician documented history of the disease Date of Disease: _____

OR

Serologic evidence of immunity Titre Value: _____
Date of Titre: _____

Rubella:

One dose of rubella vaccine: Date: Dose 1 _____

OR

Serologic evidence of immunity Titre Value: _____
Date of Titre: _____

Mumps:

One dose of mumps vaccine: Date: Dose 1 _____

OR

Physician documented history disease Date of Disease: _____

OR

Serologic evidence of immunity Titre Value: _____
Date of Titre: _____

Medical/Religious Exemption: _____

Health Official's Name (please print)

Health Official's Signature

Mercy College is required by law to have all students born on or after 1/1/57 in compliance. Please be advised that you will not be able to register unless your immunization records are submitted to your campus registrar's office.