

# CERTIFICATION OF IMMUNIZATION Refer to page 24 for more information.

**\*PLEASE NOTE:** *This form is due by October 1, 2010 for Fall enrollees and February 1, 2011 for Spring enrollees. Students who fail to return this form will no longer be able to attend classes at Hilbert College.*

REQUIRED OF ALL STUDENTS.

## Please print all information

**2010-II**

Certification of immunizations is required for all students. However, physical examinations are required only for athletes and residence students.

New York State Public Health Law states that all students who are registered to take six or more credit hours and were born after January 1, 1957 must submit within 30 days of the first day of class verification of immunization or proof of immunity for two measles, one mumps, and one rubella. If we have not received your form we are mandated to prohibit your class attendance. Transfer students may request and submit health records from a prior college.

Student Name: \_\_\_\_\_  
Last First M.I.

Gender:  Male  Female      DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Health Insurance carrier and ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

TO THE PHYSICIAN: Please review, complete and date all required immunizations. If records are unobtainable, titer test is necessary for registration at Hilbert College. Titer test results must be sent in with form.

REQUIRED IMMUNIZATIONS: THE FOLLOWING CRITERIA APPLY TO INDIVIDUALS BORN AFTER 1956.

**A. MEASLES.** Two doses with live vaccine after 1967.

1. First dose (on or after 1st birthday) . . . . . \_\_\_\_ / \_\_\_\_ / \_\_\_\_
2. Second dose (at least 30 days after 1st dose) . . . . . \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 (or) Physician verified clinical illness. . . . . Year: \_\_\_\_\_  
 (or) Protective Antibody Titer . . . . . Result: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**B. RUBELLA.**

- One dose with live vaccine (on or after 1st birthday) . . . . . \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 (or) Protective Antibody Titer. . . . . Result: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Note: Previous Clinical Diagnosis of Rubella Is Not Sufficient.

**C. MUMPS.**

1. One dose with live vaccine (on or after 1st birthday) . . \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 (or) Physician verified clinical illness. . . . . Year: \_\_\_\_\_  
 (or) Protective Antibody Titer . . . . . Result: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(or)

- D. Combined M.M.R. (Measles, Mumps & Rubella)** . . . . \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PHYSICIAN OR HEALTH CARE PROVIDER:**

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

FOR OFFICE USE ONLY  
 Student ID# \_\_\_\_\_

PLEASE FILL OUT  
 OTHER SIDE.

FOR MORE INFORMATION

Health Records: (716) 649-7900, ext. 230

**FOR YOUR RECORDS** THE CERTIFICATION OF IMMUNIZATION FORM WAS MAILED ON