



Office of the Vice President for Student Life
5200 South Park Avenue-Hamburg, New York 14075 - (716) 649-7900
Student Life FAX- (716) 648-3327

Name: _____ Date of Birth ____/____/____
Last First MI
Home Address _____ Gender M F

Home Telephone :() Insurance carrier and #

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

To The Physician: Please review, complete and date all required immunizations. If records are unobtainable, reimmunization is necessary for registration at Hilbert College.

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 TiterResult: _____ 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 _____ City/State _____

The New York State Public Health Law states that, all students who are registered to take 6 or more credit hours and were born after January 1, 1957, must submit verification within 30 days of the first day of class of immunization or proof of immunity for two measles, one mumps, and one rubella. After that time we are mandated to prohibit your class attendance. Transfer students may request and submit health records from a prior college.