



TOURO LAW

Touro College Jacob D. Fuchsberg Law Center

OFFICE OF ADMISSIONS, 225 EASTVIEW DRIVE, CENTRAL ISLIP, NEW YORK 11722

☎ (631) 761-7010 📠 (631) 761-7019

STUDENT IMMUNIZATION RECORD

NYS Public Health Law §2165 requires post-secondary students to show protection against measles, mumps, and rubella. Please note the MMR vaccine is recommended to provide increased protection against all three vaccine-preventable diseases: measles, mumps and rubella.

All students must complete the top section of this form and send it along with a copy of your proof of immunization or have your Health Care Provider complete the section below.

Last Name: _____ First Name: _____ M.I.: _____

Address: _____ Phone: _____

Date of Birth: ____/____/____ Social Security #: _____ - _____ - _____

Persons **born prior to January 1, 1957** are exempt from this requirement, **but must provide proof of age** by attaching to this form either a copy of a driver's license or a passport.

HAVE YOUR HEALTH CARE PROVIDER COMPLETE THIS SECTION ONLY IF YOU HAVE NO OTHER PROOF OF IMMUNIZATION

EITHER MEASLES, MUMPS, AND RUBELLA IMMUNITY SEPARATELY – (Dates must include month, day, and year.)

MEASLES (Rubeola) Immunity – must have one of the following:

1. TWO doses of measles vaccine. (Both must be given after 1967; the first on or after the first birthday and the second at least 30 days after the first).
 - (1) Date of 1st dose: ____/____/____
 - (2) Date of 2nd dose: ____/____/____
 2. Date of Measles Titer: ____/____/____ Results: _____
 3. Date of physician-diagnosed measles disease: ____/____/____
- Signature of Diagnosing Physician: _____

MUMPS Immunity – must have one of the following:

1. Date of at least one dose of mumps vaccine (must be on or after the first birthday):
Date of vaccination: ____/____/____
 2. Date of Mumps Titer: ____/____/____ Results: _____
 3. Date of physician-diagnosed mumps disease: ____/____/____
- Signature of Diagnosing Physician: _____

RUBELLA (German Measles) Immunity – must have one of the following:

1. Date of at least one dose of rubella vaccine (must be on or after the first birthday):
Date of vaccination: ____/____/____
 2. Date of Rubella Titer: ____/____/____ Results: _____
- Physician-diagnosis is not acceptable for Rubella.

OR M.M.R., IF GIVEN INSTEAD OF INDIVIDUAL IMMUNIZATION – (Dates must include month, day, and year.)

To be in compliance, you must have both items listed below.

1. Dose 1 – Vaccinated 12 months after birth or later, AND on or after Jan. 1, 1968 ____/____/____
- AND**
2. Dose 2 – Vaccinated at least 28 days after 1st dose ____/____/____

Health Care Provider Name: _____ Phone: _____

Address: _____

Signature: _____ Date: ____/____/____

If you have any questions regarding the Student Immunization Record form or the immunization requirements, please contact the Office of Admissions at (631) 761-7010 or admissions@tourolaw.edu.

Please mail or fax the completed form to:

Office of Admissions
225 Eastview Drive
Central Islip, NY 11722

Fax # (631) 761-7019

IF YOU REQUIRE IMMUNIZATION

For your information, the following is a list of addresses and telephone numbers for the Departments of Health Services on Long Island:

Suffolk County, Long Island:

Suffolk County Board of Health
225 Rabro Drive, East
Hauppauge, NY 11788
☎ (631) 853-3055

Nassau County, Long Island:

Nassau County Board of Health
240 Old Country Road
Mineola, NY 11501
☎ (516) 571-3258

If you do not know the location of the DHS where you currently reside, you will find it listed in the blue pages at the back of your telephone book, along with other government offices.