A recently passed New York State law requires that all students born on or after January 1, 1957, who attend any college in New York demonstrate proof against measles, mumps, and rubella.

Proof of immunity consists of a certificate of immunization signed by a physician or health care provider which documents proof of:

- two (2) doses of measles vaccine
- one (1) dose of mumps vaccine
- one (1) dose of rubella vaccine
  or
- physician documented history of disease
  or
- serologic evidence of immunity

If you have no documentation of immunity, the requirement can be met with two doses of the M.M.R. vaccine two months apart. (Your local public health department will provide the immunizations free of charge.) In every case, you need the signature of your health care provider.

Persons born on or before December 31, 1956 are exempt from the above requirements since they are presumed to have natural immunity to measles.

To avoid jeopardizing your enrollment at St. Joseph's, please complete the attached immunization record and return it to the Office of Admissions prior to registration. It is important that you understand that the College may not, under penalty of law, register you for classes if this documentation is not on file. There are no exceptions permitted.

For your information, we are enclosing a fact sheet issued by the New York State Department of Health. Questions regarding these new immunization requirements may be directed to the College’s Admissions Office, your private physician, or your local health department.

Sincerely,

Thomas G. Travis, Vice President and Dean
School of Adult and Professional Education
FACT SHEET
COLLEGE IMMUNIZATION REQUIREMENTS
IMMUNIZATION PROGRAM
NEW YORK STATE DEPARTMENT OF HEALTH

New York State Public Health Law 2165 requires post-secondary students attending colleges and universities to demonstrate proof of immunity against measles, and mumps and rubella.

A. Who the new law applies to:
   The law applies to persons born on or after January 1, 1957. Full-time first and second year students must comply beginning August 1990; all other students including third and fourth year, graduate level and part time students must comply beginning August 1991. Full-time students are those enrolled for at least twelve semester hours per semester or the equivalent per quarter. Part-time students are those enrolled for at least six semester hours per semester or equivalent per quarter.

B. Requirements:
   Proof of immunity consists of a certificate of immunization signed by a physician or health care provider which documents measles, mumps and rubella immunity. The certificate must specify the type of vaccine and the dates (month, day, year) of administration, or the date of disease diagnosis, if any, or the date of serologic testing and results, if any. A student health record from a previously attended school which properly documents the immunization history previously described is acceptable as proof of immunity.

Measles requirements:
1. two doses of live measles vaccine (administered after 1967). The first dose must have been received on or after the first birthday and the second dose received at or after 15 months of age and at least thirty days after the first dose. Combined measles, mumps and rubella vaccine (MMR) is recommended for both doses.
   OR
2. physician diagnosis of disease,
   OR
3. serologic evidence of immunity.

Rubella requirements:
1. one dose of live rubella vaccine received on or after the first birthday
   OR
2. serologic evidence of immunity

   Note: Clinical diagnosis of rubella disease is not acceptable as proof of immunity.

Mumps requirements:
1. one dose of live mumps vaccine received on or after the first birthday,
   OR
2. physician diagnosis of disease,
   OR
3. serologic evidence of immunity.

Exemptions
1. Persons may be exempt if a physician certifies in writing that the immunizations may be detrimental to their health (e.g. pregnant women).
2. Persons who hold genuine and sincere religious beliefs which are contrary to immunization may be exempt after submitting a statement to that effect.

Enforcement
   Documentation of immunity against measles, mumps and rubella is required for student for continued college or university attendance beyond 30 days (45 days for out-of state students) in New York State. For the 1990-91 school year, these deadlines are extended to 60 and 90 days, respectively. Students should obtain completed immunization records and needed immunizations form their primary health care provider prior to arrival at school beginning in the fall semester 1990. Students who cannot afford immunizations may request them from their local public health department.
ST. JOSEPH’S COLLEGE, SCHOOL OF ADULT & PROFESSIONAL EDUCATION
MEASLES, MUMPS AND RUBELLA IMMUNIZATION RECORD

Please complete and return this form to address below.

PART I: To Be Completed By Student

Name: _______________________________________________________________________________________________________

                   Last     First     M.I.
Date of Birth ___________________ Social Security # -____-_______ Phone ( ) _________________________________

Address _______________________________________________________________________________________________________

                  Street   City    State    Zip

Date of Enrollment ____________________________________________

       Month           Day   Year

I claim exemption because I was born prior to January 1, 1957.
Student’s Signature ____________________________________________

PART II: To Be Completed And Signed By A Health Care Provider (Date must include month and year)

Measles (Rubella) – Two doses of live vaccine administer after January 1, 1968. Check appropriate box.

❑ Dose 1 – Immunized at 12 months after birth or later

       Month           Day   Year

❑ Dose 2 – Immunized at or after 15 months of age at least thirty days after the first dose

       Month           Day   Year

❑ Had disease: confirmed by office record

       Month           Day   Year

❑ Has report of immune titer. Specify date of titer

       Month           Day   Year

Mumps – Check appropriate box.

❑ Immunized with vaccine at 12 months after birth or later

       Month           Day   Year

❑ Had disease: confirmed by office record

       Month           Day   Year

❑ Has report of immune titer. Specify date of titer

       Month           Day   Year

German Measles (Rubella) – Check appropriate box.

❑ Immunized with vaccine at 12 months after birth or later

       Month           Day   Year

❑ Has report of immune titer. Specify date of titer

       Month           Day   Year

NOTE: Physician diagnosis of rubella is NOT acceptable as proof of immunity.

D.M.M.R. (Measles, Mumps, Rubella) if given instead of individual immunizations – Check appropriate box

❑ Dose 1 – Immunization at 15 months or after and before 5 years.

       Month           Day   Year

❑ Dose 2 – Immunized at 5 years or later

Please note any medical exceptions to above requirements. _____________________________________________________________________
_____________________________________________________________________________________________________________________

Health Care Provider:
Name: ____________________________ Signature ____________________________

(Please Print) 

Address _______________________________________________________________________________________________________

                  City        State    Zip

Phone ( ) ______________________________

Return this form as soon as possible to the appropriate campus

Brooklyn Campus
265 Clinton Avenue
Brooklyn, NY 11205-3688
(718) 399-0068

Suffolk Campus
155 Roe Boulevard
Patchogue, NY 11772-2603
(631) 447-1734