**Measles, Mumps, Rubella:**

New York State Public Health Law 2165 requires all students entering a post-secondary institution to provide their health services center with proof of immunity to measles, mumps and rubella. This law applies to students born on or after January 1, 1957, who are registered for 6 or more credits (or its equivalent) regardless of degree or non-degree status at Trocaire College. ***\*Students born prior to January 1, 1957 are exempt from the measles, mumps, and rubella requirement.***

**ACCEPTABLE PROOF OF IMMUNITY MAY INCLUDE:**

(1) Immunization cards from childhood (yellow card), signed and stamped.

(2) Immunization records from college, high school or other schools you attended.

(3) Signed and stamped immunization record from your health care provider or clinic.

(4) Proof of DD 214 from the armed services within 10 years from the date of application will enable the student to attend school pending actual receipt of the immunization records from the armed services.

**Part 1: Immunization History**

**To be completed by a health care provider -- \*Documentation must be included\***

**Provider: All dates must include month, day, and year.**

A. MMR must be live vaccine and given no more than 4 days prior to first birthday. MMR (measles, mumps, rubella) – as combined dose.

**Dose 1:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No more than 4 days prior to first birthday, AND on or after January 1, 1972

**Dose 2**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ At least 28 days after 1st vaccine

OR **Measles (Rubeola)** Dose 1: Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Immunized on or after Jan. 1, 1968 and first birthday

**Measles (Rubeola)** Dose 2: Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Immunized at least 28 days after the first dose

**Rubella** Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Immunized after 1969 and on or after first birthday

**Mumps**  Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Immunized after 1968 and on or after first birthday

OR Titer (blood test) showing positive immunity (Dated lab results MUST be attached)

Measles, Mumps, Rubella Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_