

IMMUNIZATION RECORD
Le Moyne College Student Health Services
1419 Salt Springs Road
Syracuse, NY 13214
Office: 315-445-4440 Fax: 315-445-4714

Name _____ Date of Birth _____

Address _____

Telephone Home: _____ Work _____

Social Security or College ID number: _____

Program: _____ Grad. Education _____ MBA _____ Nursing

Prior student at Le Moyne College? If yes, what year _____

New York State and Le Moyne College require that all students must comply with Public Health Law Sections 2165 and 2167. Persons born on or after 1/1/57 must complete the requirement for Measles, Mumps, Rubella. All students must complete the Meningitis Response Form. All vaccines must have been given on or after the first birthday.

MMR 2 doses required: 1. _____ 2. _____

OR

Measles 2 doses: 1. _____ 2. _____ or Titer: _____

Mumps 2 doses: 1. _____ 2. _____ or Titer: _____

Rubella 1 dose: 1. _____ or Titer: _____

Titer reports must be Positive and must include a copy of the lab report.

Physician, health care provider or school official must sign:

Printed Name: _____

Signature: _____

Address: _____

Phone Number: _____

Date: _____