



## IMMUNIZATION AND MEDICAL HISTORY FORM

Dear Student,

New York State Public Health Law Section 2165 requires the New York Academy of Art to maintain a record of immunization for each student.

**New York State Public Health Law § 2165 mandates that college students demonstrate proof of immunity to measles, mumps and rubella (German measles). The enclosed Immunization Record Form provides immunization requirements for college attendance. Please note that two dates of measles vaccination are required for compliance to this state law. The last possible date to receive this information is 30 days from the start of classes. Otherwise, the student will not be permitted to remain at the School.**

Proof of immunization shall specify the vaccines and gives the dates of administration, physician-verified history of disease, laboratory evidence of immunity, medical or religious exemption. This includes documents such as a certificate from a physician, a copy of the immunization portion of the cumulative health record from a prior school, a migrant health record, a union health record, a community health plan record, a signed immunization transfer card, a military dependent's "shot" record, the immunization portion of a passport, an immunization record card signed by a physician, physician assistant or nurse practitioner, or an immunization registry record. You may obtain documentation regarding your childhood immunizations from any of your previous healthcare providers (e.g. pediatrician, health clinic, high school nurse) or from your immunization record card, which is generally kept by a parent.

If you have any difficulty locating your immunization records or have any questions regarding the Academy's policies, please contact the Office of Student Services.

Exemptions will be granted to individuals born before January 1, 1957, or to individuals with documented medical or religious contraindications to vaccination. International students should be advised that their country of citizenship may not require the same immunizations as New York State but that they must, however, comply with New York State requirements in order to remain in classes. Documentation must be submitted in English.

Sincerely,

Noelle Timmons  
Director of Student Services  
[ntimmons@nyaa.edu](mailto:ntimmons@nyaa.edu)  
212.842.5963

**IMMUNIZATION RECORD (to be completed by physician, physician assistant or nurse practitioner)**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Social Security #: \_\_\_\_\_ Date of Birth \_\_\_\_\_

*New York State Public Health Law § 2165 requires post-secondary students to show protection against measles, mumps and rubella. Persons born prior to January 1, 1957 are exempt from this requirement.*

**REQUIRED: Measles Immunity – MUST HAVE ONE OF THE FOLLOWING:**

1. Two doses of live measles vaccine: **(1)** \_\_\_/\_\_\_/\_\_\_ **(2)** \_\_\_/\_\_\_/\_\_\_ **OR**
2. Serological evidence of immunity (titer level blood test results), **OR**
3. Physician documented history of the disease **with** signature of the diagnosing physician, **OR**
4. Proof of honorable discharge from the armed services within 10 years from the date of application to the institution.

**REQUIRED: Mumps Immunity - Must have and provide **one** of the following:**

1. One dose of live mumps vaccine given on or after the first birthday: **(1)** \_\_\_/\_\_\_/\_\_\_ **OR**
2. Serological evidence of immunity (titer level blood test results), **OR**
3. Physician documented history of the disease **with** signature of the diagnosing physician, **OR**
4. Proof of honorable discharge from the armed services within 10 years from the date of application to the institution.

**REQUIRED: Rubella (German Measles) Immunity - Must have **one** of the following:**

One dose of live vaccine given on or after the first birthday: **(1)** \_\_\_/\_\_\_/\_\_\_ **OR**

1. Serological evidence of immunity (titer level blood test results), **OR**
2. Physician documented history of the disease **with** signature of the diagnosing physician, **OR**
3. Proof of honorable discharge from the armed services within 10 years from the date of application to the institution.

Note: Physician documented history of German measles is **not** acceptable as proof of immunity.

**OR MMR VACCINATION**

**MMR Dose (1)** \_\_\_/\_\_\_/\_\_\_ **MMR Dose (2)** \_\_\_/\_\_\_/\_\_\_

➤ *Please note that the first MMR/ Measles Dose must be on or after your 1st birthday.*

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Physician's Address

\_\_\_\_\_  
Physician's Printed Name

\_\_\_\_\_  
Physician's Telephone #

**MEDICAL HISTORY** *(to be completed by the student)*

Name: \_\_\_\_\_  
(last) (first) (middle)

Home Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Age at present: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Check One:  Certificate  Graduate

**Parent/Guardian/Person to be Notified In Emergency**

\_\_\_\_\_  
( name ) ( relationship )

\_\_\_\_\_  
(address) (home telephone #) (work telephone #)

Physician's Name \_\_\_\_\_  
(name) (telephone number)

Address of Physician \_\_\_\_\_  
(street) (city) (state) (zip)

If you have health insurance, name of company and policy number:

\_\_\_\_\_  
(company name) (policy number)

Please answer the following questions. Do you have or ever had any of the following?

Tuberculosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No
Seizure Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hepatitis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mononucleosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	Heart Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please specify _____	Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please give details: \_\_\_\_\_

Are you currently taking any medication that the Academy should be aware of?  Yes  No

If yes, explain \_\_\_\_\_

Are you allergic to any medication that the Academy should be aware of?  Yes  No

If yes, explain \_\_\_\_\_

Any other health, medical or personal concerns that you would like to tell the School about.

\_\_\_\_\_

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Please advise the Office of Student Services of any significant changes in your medical history or condition that occur during your enrollment.

New York Academy of Art is strongly committed to maintaining the privacy of its students. Accordingly, a policy of strict confidentiality is observed, especially as regards to personal medical information. However, we request that the Academy be permitted to disclose information to authorized individuals and/or medical personnel when deemed necessary to protect you in cases of imminent danger or

medical emergency. Please sign below to give your consent to release this information under such circumstances.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Dear Student:

New York State Public Health Law §2167, requiring colleges and universities to distribute information about meningococcal disease and vaccination to all students.

Meningococcal disease is rare potentially fatal bacterial infection commonly referred to as meningitis. Its flu-like symptoms make diagnosis difficult. If not treated early, meningitis can lead to swelling of the fluid surrounding the brain and spinal column, as well as severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation and death. Cases of meningitis among teens and young adults 15 to 24 years of age have doubled since 1991. The disease strikes about 3000 Americans each year and claims about 300 lives. Between 100 and 125 meningitis cases occur on college campuses and as many as 15 students will die from the disease.

A vaccine is available that protects against four types of the bacteria that cause meningitis in the United States: types A, C, Y and W-135. These types account for nearly two thirds of meningitis cases among college students.

Please review the information above, complete the form below and return it. If you have any questions, please contact the Office of Student Services or your physician.

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#### **MANDATORY MENINGITIS VACCINATION RESPONSE FORM**

New York State Public Health Law §2167 mandates that all college and university students enrolled for at least six (6) semester hours or the equivalent per semester, or at least four (4) semester hours per quarter, complete and return the following form to New York Academy of Art as soon as possible.

**Check one box and sign below** (*If student is under the age of 18, this form must be completed by a parent or guardian*)

- I have had the meningococcal (meningitis) immunization (Menomune™) within the past 10 years.
- I have read the information regarding meningococcal disease (meningitis). I understand the risks of not receiving the vaccine. I have decided that I will **not** obtain immunization against meningococcal disease (meningitis).

Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian if student is a minor)

Print Student's name \_\_\_\_\_

For more information regarding New York State's policy for higher education institutions, please visit the website: <http://www.health.state.ny.us/prevention/immunization/handbook/index.htm>