



IMMUNIZATION AND MEDICAL HISTORY FORM

Dear Student,

New York State Public Health Law mandates that college students demonstrate proof of immunity to measles, mumps and rubella (German measles).

The Advisory Committee on Immunization Practices recommends that all college students have at least 1 dose of Meningococcal Meningitis Vaccination not more than 5 years before enrollment.

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.

- [Measles Fact Sheet](#)
- [Mumps Fact Sheet](#)
- [Rubella Fact Sheet](#)
- [Meningococcal Disease Fact Sheet](#)

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,
Amy Hughes
Director of Student Services
ahughes@nyaa.edu
212.842.5125

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. The Advisory Committee on Immunization Practices recommends that all college students have at least 1 dose of Meningococcal vaccine not more than 5 years before enrollment.

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 **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:

1. One dose of live vaccine given on or after the first birthday: **(1)** ___/___/___ **OR**
2. Serological evidence of immunity (titer level blood test results), **OR**
3. Proof of honorable discharge from the armed services within 10 years from the date of application to the institution.

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.

Meningococcal Meningitis

RECOMMENDED: Meningococcal Meningitis Vaccine Dose ___/___/___ **AND/OR**

1. All Students **MUST** complete the Meningococcal Meningitis Response Form (page 2).

Physician's Signature

Physician's Address

Physician's Printed Name

Physician's Address

REQUIRED: MENINGOCOCCAL VACCINATION RESPONSE FORM
(to be completed by the student)

New York State Public Health Law requires 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 Student Services Dept.

The Advisory Committee on Immunization Practices recommends that all first-year college students receive at least 1 dose of Meningococcal vaccine not more than 5 years before enrolment.

I have received and reviewed the information regarding meningococcal disease.

- I had meningococcal immunization (MenACWY and/or MenB) within the past 5 years. **The vaccine record is attached.**
- I will obtain meningococcal immunization within 30 days from my private health care provider
- I understand the risks of meningococcal disease and the benefits of immunization at the recommended ages. I have decided that I will not obtain immunization against meningococcal disease at this time.

Signed: _____
(Student or Parent/Guardian if student is a minor)

Date: _____

Student's name (Print): _____

Student Date of Birth: _____

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 #)

Do you have any allergies? Yes No

Please specify _____

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:

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: _____