

# Proof of Immunization Form

Please mail form back to **SUNY Oneonta Student Health Services; 108 Ravine Parkway, Oneonta NY, 13820** or  
**FAX to 607436-2074** by June 30<sup>th</sup> for new Fall students and by December 30<sup>th</sup> for new Spring students.

All students MUST provide proof of immunity against measles, mumps, and rubella. Individuals born prior to January 1, 1957 are exempt from this immunization requirement, but the rest of the health requirements must be met. You may have your health care provider complete this page **OR** you may attach an official copy (**signed by your medical provider or school nurse**) You must also register for the **Student Health Portal** and complete your **Health History** located under **Required Forms** at:  
<https://patient-oneonta.medicatconnect.com/> **prior to arriving** at SUNY Oneonta.

Student Name \_\_\_\_\_

Student ID# \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Birth Date \_\_\_\_ - \_\_\_\_ - \_\_\_\_

### Emergency Contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

### REQUIRED IMMUNIZATIONS

Options for Proof of Measles/Mumps/Rubella (MMR):

MMR #1: \_\_\_\_\_ (mm/dd/yy)

MMR #2: \_\_\_\_\_ (mm/dd/yy)

**OR**

Measles Titer\*: \_\_\_\_\_ (mm/dd/yy)

Mumps Titer \*: \_\_\_\_\_ (mm/dd/yy)

Rubella Titer\*: \_\_\_\_\_ (mm/dd/yy)

\*attach copy of titer reports to this form

**THIS FORM MUST BE SIGNED BY A HEALTH CARE PROVIDER TO CERTIFY ITS ACCURACY.**

Signed **X** \_\_\_\_\_ Date: \_\_\_\_\_  
**Required Signature and Title of Healthcare Provider**

Printed Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone/Fax Number \_\_\_\_\_

### MENINGOCOCCAL MENINGITIS VACCINE RESPONSE

★**Must Either Report Date of Immunization or Sign Declination, to be COMPLETED and SIGNED by student or parent/guardian for student under the age of 18**

(The Advisory Committee on Immunization Practices recommends that all first – year college students up to age 21 should have at least 1 dose of Meningococcal vaccine not more than 5 years before enrollment, preferably on/after their 16<sup>th</sup> birthday)

I have received the meningococcal vaccine Date: \_\_\_\_\_

I have read, or have had explained to me, the information regarding meningococcal meningitis disease  
<http://www.oneonta.edu/development/health/meningitis.asp>

I understand the risks of not receiving the vaccine. I have decided that I (my child) will NOT obtain immunization against meningococcal meningitis.

Signed **X** \_\_\_\_\_ Date: \_\_\_\_\_  
**Student Signature or Parent Signature (if under 18)**

### OTHER RECOMMENDED IMMUNIZATIONS

Hepatitis A Vaccine:

Hep A Vaccine #1: \_\_\_\_\_ (mm/dd/yy)

Hep A Vaccine #2: \_\_\_\_\_ (mm/dd/yy)

Hepatitis B Vaccine series:

Hepatitis B #1: \_\_\_\_\_ (mm/dd/yy)

Hepatitis B #2: \_\_\_\_\_ (mm/dd/yy)

Hepatitis B #3: \_\_\_\_\_ (mm/dd/yy)

Tetanus/Diphtheria Booster (within last 10 years):

Td \_\_\_\_\_ (mm/dd/yy)

Tdap \_\_\_\_\_ (mm/dd/yy)

Human Papilloma Virus (HPV) Vaccine:

HPV #1: \_\_\_\_\_ (mm/dd/yy)

HPV #2: \_\_\_\_\_ (mm/dd/yy)

HPV #3: \_\_\_\_\_ (mm/dd/yy)