

HEALTH SERVICES IMMUNIZATION RECORD

Accurate and complete immunization information is required for registration at Manhattan College.

*Incomplete information may result in a registration HOLD, which will delay registration.

Name:		Date of Birth:		
Student ID #:		Address:		
Student Phone #:		Email:		
Undergraduate: New York State Law mandates all studen		inst Measles, Mumps, and a, day, and year.	SCPS:	ceipt of vaccinations requires a
Me	easles, Mumps, Rubella (M	IMR): Vaccination or Tite	ers Required	
Anyone born after 1957 must be vaccinated a before the first birthe	against Measles, Mumps, ar lay, and the second MMR v			
Required:				
TWO dates of MMR immunizations:	(1)		(2)	
Measles titer date: Mumps titer date:		Result:		(Enclose Copy of Titers Lab Rep
Rubella titer date: Meningococcal Vaccine:		Result:		
Men ACWY (Menactra or Menveo):	(Within 5 Years)	Last Dose:		
Recommended: Men B (Bexsero or Trumenba):	Dose 1:		Dose 2:	
Recommended:				
Tetanus-Diphtheria Immunization booster within last 10 years:		Date:		
Hepatitis B Vaccine:				
Dose 1:	Dose 2:		Dose 3:	
PPD Mantoux Skin Test: (If Applicable)	Date:		Result:	
Signature (MD, DO, NP, PA):				
Provider Name and Office Stamp:		Address: Phone:		

Mail/Fax or Scan Documents to: Manhattan College Health Services 4513 Manhattan College Parkway Riverdale, NY 10471 Phone: (718) 862-7217

Fax: (718) 862-721.