IMMUNIZATION RECORD VERIFICATION FORM
2014-2015

TO BE COMPLETED AND SIGNED BY A HEALTHCARE PROVIDER (Dates must include Month, Day, Year)

Student Name:_____Date of Birth:_____/_____/_____Age: _____

Address_____
Street City State Zip

Phone Number_____Cell Phone_____

Student Signature (Parent or Guardian if student is a minor):_____Date: _____

NEW YORK STATE, PUBLIC HEALTH LAW, CHAPTER 2165 requires all students born after January 1, 1957 to provide Monroe College with proof of immunity to measles, mumps and rubella (MMR). Proof of immunity is defined as 2 doses of measles vaccine and 1 dose each or rubella and mumps vaccine. The first dose must be no more than 4 days prior to the students first birthday and the second at least 28 days after the first dose. Acceptable forms of proof include:

1. Childhood immunization records showing the exact dates of your vaccines or
2. Positive blood test for immunity (titers)
3. This form completed by your health care provider, dated, signed and/or stamped.

MMR (Measles, Mumps, Rubella –Combined) Vaccine _____/_____/_____ _____/_____/_____

OR

Measles (Rubeola) Immunity: Complete all that apply:

- ❑ Two doses of live measles vaccine: _____/_____/_____ _____/_____/_____
- ❑ Date of immune measles titer & result:: _____/_____/_____ _____/_____/_____
- ❑ Date of physician diagnosed measles disease: _____/_____/_____

Mumps Immunity: Complete all that apply:

- ❑ One dose of mumps vaccine _____/_____/_____
- ❑ Date of immune mumps titer & result:: _____/_____/_____ _____/_____/_____
- ❑ Date of physician diagnosed mumps disease: _____/_____/_____

Rubella (German Measles) Immunity: Complete all that apply:

- ❑ One dose of rubella vaccine _____/_____/_____
- ❑ Date of immune rubella titer & result:: _____/_____/_____ _____/_____/_____

***A Rubella titer is the only permissible evidence that is an alternative to immunization. Rubella rashes resemble rashes of other diseases and it is impossible to diagnose reliably.**

Health Care Provider:_____License #: _____ Date: _____
(SIGNATURE/STAMP)

TO BE COMPLETED BY HEALTH CARE PROVIDER within the past 12 months:

PHYSICAL EXAM

Ht._____Wt. _____ General Status: _____

Head_____ Pulse _____ B.P _____

Eyes_____ Heart _____

Vision_____ Breasts: _____

Hearing (whisper test)_____ Abdomen:_____

Ears_____ GYN: _____

Nose: _____ Lymphatic:_____

Mouth & Throat:_____ Extremities:_____

Neck: _____ Neurological: _____

Chest_____ Skin: _____

Musculoskeletal_____

Follow-up: _____

Health Care Provider: _____
(**PRINT**) (**SIGNATURE**)

Address : _____

License #:_____Phone #: _____ Date: _____

INTERNATIONAL STUDENT HEALTH INSURANCE

It is recommended that all Monroe College students be covered by health insurance either with an individual student policy or through their family policy. The US does not have socialized medicine. All costs of care are paid by the patient.

International Health Insurance can be a complicated and confusing subject. Many health insurance plans are available with all sorts of varying coverage, exclusions, deductibles, and c0-pays, etc. Please see the links below to some of the companies in the US that provide medical insurance for International Students. Compare policies before purchasing.

ISO – International Student Organization http://www.isoa.org

Sentry Insurance – http://www.ejsmith.com

Rust International Associates – http://www.rustassoc.com

The Harbour Group – http://www.hginsurance.com