### PART I: STUDENT INFORMATION

<table>
<thead>
<tr>
<th>Last name</th>
<th>First name</th>
<th>Date of birth</th>
<th>NYIT ID</th>
<th>Semester attending</th>
</tr>
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<tr>
<th>Email</th>
<th>Campus</th>
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<tbody>
<tr>
<td></td>
<td>Old Westbury</td>
<td>Manhattan</td>
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### PART II: MENINGOCOCCAL MENINGITIS RESPONSE: New York State Public Health Law §2167

Dates of Meningitis Vaccine:
1. MM/DD/YYYY
2. MM/DD/YYYY

[Note: The Advisory Committee on Immunization Practices recommends that all first-year college students up to age 21 years should have at least one dose of Meningococcal ACWY vaccine not more than five years before enrollment, preferably on or after their 16th birthday, and that young adults aged 16 through 23 years may choose to receive the Meningococcal B vaccine series. College and university students should discuss the Meningococcal B vaccine with a health care provider.]

I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that I (my student) will not obtain immunization against meningococcal meningitis disease.

Student Signature (Parent/Guardian for Student Under the Age of 18)

Date

### PART III: PROOF OF MEASLES, MUMPS, AND RUBELLA IMMUNITY: New York State Public Health Law §2165

**A. MMR (Measles, Mumps, and Rubella combined vaccine)**

TWO dates of MMR vaccination:
1. MM/DD/YYYY
2. MM/DD/YYYY

OR If Measles, Mumps, and Rubella are given as individual vaccines

**B. Measles Immunity – Complete ONE of the following**

1. TWO dates of measles vaccination:
   1. MM/DD/YYYY
   2. MM/DD/YYYY

2. Date of measles titer:
   MM/DD/YYYY

**C. Mumps Immunity – Complete ONE of the following**

1. Date of mumps vaccination:
   MM/DD/YYYY

2. Date of mumps titer:
   MM/DD/YYYY

**D. Rubella – Complete ONE of the following**

1. Date of rubella vaccination:
   MM/DD/YYYY

2. Date of rubella titer:
   MM/DD/YYYY

**SUBMITTING FALSE MEDICAL DOCUMENTS IS A VIOLATION OF NYIT STUDENT CODE OF CONDUCT.**

**HEALTH CARE PROVIDER INFORMATION**

Health Care Provider Name

License #

Signature

Date

Health Care Provider Stamp/Office Stamp

PLACE STAMP HERE

**OFFICE OF WELLNESS SERVICES INFORMATION**

Northern Boulevard, P.O. Box 8000
Old Westbury, NY, 11568-8000

Phone: 516.686.7976   Fax: 516.686.1410   Email: ows@nyit.edu