



Student Immunization Form

WELLNESS CENTER | ONE COLLEGE ROAD, BATAVIA, NY 14020 PHONE: (585) 345-6835 | FAX: (585) 345-6816

Complete and return in the provided envelope if you plan to take six credit hours or more at any GCC campus center.

Failure to comply with NYS Public Health Law Section 2165 and Section 2167 will result in a hold on your account.

Fully online students not coming to a GCC campus may be exempt from proof of MMR vaccine.

Please visit: www.genesee.edu/wellness

FOR SCANNING PURPOSES, THIS FORM MUST BE COMPLETED IN **BLACK INK**. PLEASE **DO NOT USE HIGHLIGHTERS**.

NAME (please print): _____
Last First MI

GCC STUDENT ID (800#): _____

BIRTHDATE: _____
Month Day Year



REQUIRED VACCINES:

Must be completed and signed by a healthcare provider **OR** attach your immunization records from your healthcare provider or government agency.

A. MMR (Measles, Mumps, Rubella) REQUIRED

Vaccination	Vaccine Date (Month/Day/Year)	Or Attach Lab Results/Date
2 MMR's (Measles, mumps & rubella vaccine) 1st dose after 1st birthday; 2nd dose at least 28 days later OR individual vaccines below	#1	
	#2	
OR		
2 MEASLES 1st dose after 1/1/68 and after 1st birthday; 2nd dose at least 28 days later	#1	
	#2	
1 MUMPS After 1/1/69 and first birthday		
1 RUBELLA After 1/1/69 and after 1st birthday		

B. Meningitis Information Form REQUIRED

New York State Public Health Law requires all students to verify that they have received information about meningococcal disease and made an informed decision about immunization.

Review this information at: www.health.ny.gov/publications/2168/, or visit the GCC Wellness Center at: www.genesee.edu/wellness

Choose one of the following:

Meningitis ACWY <small>(within 5 years)</small>	Vaccination Date: _____
OR	
Meningitis WAIVER	<i>(No healthcare provider signature needed for waiver)</i> I have read and understand the meningitis information and the risks associated with meningitis and decline immunization. SIGN: _____ Date: _____ <small>Student sign & date if 18 years of age or older; Parent/guardian sign & date if student is under 18 years of age.</small>

An official stamp AND an authorized signature from a healthcare provider must appear on this form or it will not be accepted.

 Signature and Stamp of health care provider

 Date

 Phone number of health care provider