Genesee Community College

STUDENT IMMUNIZATION FORM

Genesee Community College, One College Road, Batavia, NY 14020
Documents accepted by email at: health@genesee.edu

WHO MUST COMPLETE THIS FORM

Submit this form and return in provided envelope if you are enrolled in **6 or more credits** at any GCC location. Failure to comply with **NYS Public Health Law Sections 2165 & 2167** will result in a **hold on your account.**

Note: Fully online students who do not visit campus may be exempt from MMR requirements.

Visit our **Immunization information webpages** for more detailed information.

BEFORE YOU SUBMIT

Forms due before classes start. Originals will not be returned

- Use **black ink only**
- Do **not** use highlighters
- Form must be **complete and signed by healthcare provider, OR** attach official immunization records

STUDENT INFORMATION—REQUIRED

Name (Last, First, M.I.)

GCC Student ID (800#)

Birthdate (MM/DD/YYYY)

REQUIRED VACCINATIONS

A. MMR (Measles, Mumps, Rubella)

Provide **ONE** of the following:

- Two (2) MMR vaccine dates
  OR
- Proof of immunity (lab results)
  OR
- Individual vaccine dates (Measles, Mumps, Rubella)

OPTION 1: MMR VACCINE DATES

Dose	Date (MM/DD/YYYY)
#1	
#2	

OPTION 2: LAB PROOF OF IMMUNITY

Blood Titer Result	Quantitative Blood Titer Result	Date (MM/DD/YYYY)
Measles		
Mumps		
Rubella		

OPTION 3: INDIVIDUAL VACCINES

Vaccine	Date (MM/DD/YYYY)
Measles	
Mumps	
Rubella	

Vaccine Requirements (summary):

- Measles: 2 doses (all persons born on or after January 1, 1957)
- Mumps: 1 dose (all persons born on or after January 1, 1957)
- Rubella: 1 dose (all persons born on or after January 1, 1957)

B. MENINGITIS REQUIREMENT (REQUIRED/CHOOSE OPTION A OR OPTION B)

New York State requires all students to confirm they have received information about meningococcal disease and made a decision about vaccination.

Review:
www.health.ny.gov/publications/2168 OR visit: **www.genesee.edu/wellness**

☐ OPTION A: VACCINATED

Vaccination	Date (MM/DD/YYYY)
Meningitis ACWY vaccine (within last 5 years)	

☐ OPTION B: WAIVER

I have read and understand the information about meningitis and decline vaccination.

Student Signature: **Date (MM/DD/YYYY)**

(Parent/guardian must sign if student under 18)

HEALTH CARE PROVIDER INFORMATION—REQUIRED FOR IMMUNIZATION SECTION

Health care provider signature and official medical stamp required **OR** attach immunization records.

Provider Signature **Date (MM/DD/YYYY)**

STAMP AREA