

Student Immunization Form

HEALTH OFFICE | ONE COLLEGE ROAD, BATAVIA, NY 14020

PHONE: (585) 345-6835 | FAX: (585) 345-6816

**DUE PRIOR
TO START
OF CLASSES**

***Failure to comply with NYS Public Health Law Section 2165 and Section 2167
will result in a hold on your account and you being removed from class.***

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

NAME (please print): _____

Last

First

MI

GCC Student 800 #: _____

BIRTHDATE: _____ / _____ / _____

Month

Day

Year

REQUIRED VACCINES:

Must be completed and signed by a healthcare provider OR attach immunization records from previous school, 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) 1 st dose after 1 st birthday; 2 nd dose at least 28 days later OR individual vaccines below	#1	
	#2	
OR		
2 MEASLES 1 st dose after 1/1/68 and after 1 st birthday; 2 nd 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 1 st 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/, in the health service office or at <http://www.genesee.edu/home/campus-life/student-health-center/>

Choose one of the following:

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

FORMS ARE DUE BEFORE THE START OF CLASSES

ORIGINAL FORMS WILL NOT BE RETURNED

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