

# Student Immunization Form

HEALTH OFFICE | ONE COLLEGE ROAD, BATAVIA, NY 14020

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**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
<b>2 MMR's</b> <small>(Measles, mumps &amp; rubella vaccine)            1<sup>st</sup> dose after 1<sup>st</sup> birthday;            2<sup>nd</sup> dose at least 28 days later OR individual vaccines below</small>	#1	
	#2	
<b>OR</b>		
<b>2 MEASLES</b> <small>1<sup>st</sup> dose after 1/1/68 and after 1<sup>st</sup> birthday; 2<sup>nd</sup> dose at least 28 days later</small>	#1	
	#2	
<b>1 MUMPS</b> <small>After 1/1/69 and first birthday</small>		
<b>1 RUBELLA</b> <small>After 1/1/69 and after 1st birthday</small>		

### 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/](http://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:**

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

**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**