

IMMUNIZATION REQUIREMENT FORM



Part One: Student Information

C 0.00000912 0 612 792 reW*BT/F1 804 Tf1.0345 0 0 1 18.34 600.7 Tm0 g0 G(r)-2(e)-2(q)-6(u)8)-10(r)-2(e)-2(s)JTJET0.00000912 0 612 792 reW*BT/F1 804 Tf1.

Part Two: Measles, Mumps, Rubella

____/____/____ Mumps Disease: ____/____/____

EXEMPTION FROM MEASLES, MUMPS, and RUBELLA VACCINATION (student must legibly check the applicable box):

- 1) Medical Exemption (circle either **Temporary** or **Permanent**, submit medical documentation):
- 2) Religious Exemption (student with deeply held aversions to receiving vaccinations for religious reasons must submit a formal, signed and dated original statement, indicating such):

BLOOD ANTIBODY TITER TEST: Students must submit a **dated laboratory report** to be considered compliant through this option. The report must LQFOXGH WKH ODERUDWRU\ QDPH DQG DGGUHVV WKH VWXGHQW QDPH DQG ranges.

HEALTH CARE PROVIDER INFORMATION:

Name _____ (Print): _____
Signature: _____
Phone Number: _____

Place Official Stamp and/or License Number of Health Care Provider Above

Part Three: Meningococcal Meningitis

Instructions for the Immunization Requirement Form

Return the signed and completed form online through the Patient Portal at:

<https://www.pace.edu/patientportal>

Return by the following dates:

Fall Term: August 1 | Spring Term: December 1 | Summer I Term: May 1 | Summer II Term: June 1

PART ONE: To be filled out completely by the student. Please make sure to provide us with your Student Identification Number, a phone number(s) you can be reached at, and your Pace assigned e-mail address.

PART TWO: MEASLES, MUMPS, RUBELLA (MMR): To be completed by your healthcare provider. Supporting documentation is not required if this part is **signed and stamped legibly**.

New York State Public Health Law requires that all college and university students enrolled for at least six (6) semester hours or the equivalent per semester, or at least four (4) semester hours per quarter, complete and return.

You must provide proof of having received 2 measles, 1 mumps, and 1 rubella vaccinations. The dates of these vaccinations must be indicated in the past and all vaccinations must have been received on or after your first birthday.

Please note that any supporting documentation must have been either signed or stamped by a hospittL2a (o)-6 (r)-3 (m)5 (e)4 (d)-6 (ica)61 (tL2ap(o)-6 (r)13o(