

BARNARD

New Student Immunization Form

This section to be completed by the student:

Legal Last Name: _____ Legal First Name: _____ Middle Initial: _____

Date of Birth (MM/DD/YYYY): ___/___/_____ UNI: _____

Email Address: _____

I will certify my informed meningitis decision in the Medical Clearances section of the Patient Portal. **If you indicate that you received the meningitis vaccine within the past 5 years, the medical provider must take action below.*

This section must be completed by a medical provider who is not a relative:

This form will not be accepted until the following section is fully completed by a medical provider.

Measles (Rubeola), Mumps, Rubella (MMR)	Vaccine:	Date: MM/DD/YYYY
Upload supporting documentation to the Patient Portal, Medical Clearances section. All records must include name and date of birth.		
Option A MMR Immunizations (On or after first birthday and at least 28 days apart)	MMR Dose 1	___/___/_____
	MMR Dose 2	___/___/_____
OR		
Option B Measles, Mumps, and Rubella Immunizations given separately (On or after first birthday and at least 28 days apart)	Measles Dose 1	___/___/_____
	Measles Dose 2	___/___/_____
	Mumps Dose 1	___/___/_____
	Rubella Dose 1	___/___/_____
OR		
Option C Positive MMR IgG Antibody titers (lab reports required)	Measles (Rubeola) Titer	___/___/_____
	Mumps Titer	___/___/_____
	Rubella Titer	___/___/_____
Meningitis Vaccine (only if student indicated receipt of meningococcal vaccine within past 5 years)		
Option A Meningococcal type B immunizations (2 doses given at least 6 months apart within the past 5 years)	MenB Dose 1	___/___/_____
	MenB Dose 2	___/___/_____
Option B Men ACWY Dose 1 (1 dose given within the past 5 years)	MenACWY Dose 1	___/___/_____
OR		
MenABCWY Dose 1 (1 dose given within the past 5 years)	MenABCWY Dose 1	___/___/_____

I attest that all dates, results, and immunizations listed on this form are correct and accurate.

Medical Provider's Printed Name: _____ Date: ___/___/_____

Medical Provider's Signature & Stamp (Both required): _____ License Number: _____