

OFFICE OF STUDENT ASSISTANCE  
IMMUNIZATION REQUIREMENT FORM



Part One: Student Information

STUDENT ID NUMBER	LAST NAME	FIRST NAME	MIDDLE
DATE OF BIRTH	FIRST SEMESTER AT PACE	CAMPUS (NYC, PLV, or WP-LAW)	
DAY TELEPHONE NUMBER	MOBILE/CELL NUMBER	PACE E-MAIL ADDRESS	

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 this form to Pace University.

Students will not be allowed to register or attend classes unless they submit this completed form. If any portion of this document is illegible, it will not be processed. Please submit copies of all supporting documentation and keep originals for your records.

Please print legibly. All documentation must be in English.

Part Two: Measles, Mumps, Rubella

Please see the reverse side of this form for information on completion of this part and acceptable documentation. This part must be certified by a health care provider, with an official stamp and/or license number indicated below.

**VACCINATION DATES:** Two Measles vaccinations, one Mumps vaccination, and one Rubella vaccination must have been given after the student's first birthday. Please have your health care provider indicate the dates appropriately and certify the form below:

MMR Dose #1: \_\_\_/\_\_\_/\_\_\_ Measles Dose #1: \_\_\_/\_\_\_/\_\_\_ Rubella Dose #1: \_\_\_/\_\_\_/\_\_\_

MMR Dose #2: \_\_\_/\_\_\_/\_\_\_ Measles Dose #2: \_\_\_/\_\_\_/\_\_\_ Mumps Dose #1: \_\_\_/\_\_\_/\_\_\_

**HISTORY OF DISEASE DATES:** If you have history of contracting either Measles or Mumps disease, please have your health care provider indicate the date(s) appropriately and certify the form below:

Measles Disease: \_\_\_/\_\_\_/\_\_\_ Mumps Disease: \_\_\_/\_\_\_/\_\_\_ Rubella Disease: \_\_\_/\_\_\_/\_\_\_

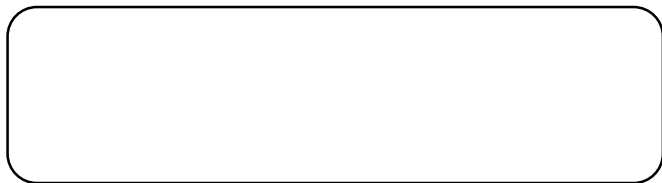
**EXEMPTION FROM MEASLES, MUMPS, and RUBELLA VACCINATION** (student must legibly check the applicable box):

- 1) Birth Exception (born prior to January 1, 1957):
- 2) Medical Exception (circle either **Temporary** or **Permanent**, submit medical documentation):
- 3) Religious Exception (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 include the laboratory name and address, the student's name and date of birth, the numerical result(s), and the numerical interpretation 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

This part is not optional, all students must fill this part out. You must check ONE of the TWO boxes and MUST SIGN BELOW to be compliance with NYSDOH Public Health Law 2167. If the first box is chosen, a valid date must be indicated. For students under the age of 18, signature of parent or guardian is also required. Students may also submit this part electronically at [www.pace.edu/paperless](http://www.pace.edu/paperless).

- I have had the meningococcal immunization within the past 5 years of my first date of enrollment at Pace University. The date of the shot was \_\_\_/\_\_\_/\_\_\_
- I have read or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccination. I have decided that I (my child) will not obtain immunization against meningococcal disease.

STUDENT'S SIGNATURE	DATE	PARENT/GUARDIAN'S SIGNATURE	DATE
---------------------	------	-----------------------------	------

OFFICE USE ONLY	OSA REP:	DATA ENTERED:	MISSING INFO: YES / NO
-----------------	----------	---------------	------------------------

# Instructions for the Immunization Requirement Form

Return the signed and completed form by mail, fax, or e-mail to:

Pace University  
Office of Student Assistance  
One Pace Plaza  
New York, NY 10038  
Tel: (877) 672-1830  
Fax: (914) 989-8309  
[Immunization@pace.edu](mailto:Immunization@pace.edu)

Return by the following dates:

Fall Entry Term: August 1  
Spring Term: December 1  
Summer Entry Term: April 1

**STUDENTS WILL NOT BE ALLOWED TO REGISTER OR ATTEND CLASSES UNLESS THEY SUBMIT THIS COMPLETED FORM.**

**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. Requests for any additional information will be made via your Pace e-mail address or phone.

**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 this form to Pace University.

**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 part 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 hospital or medical provider or, in the case of prior high school or university records, stamped by an official of that institution. **An original signature or stamp must appear on the documentation.** Faxes will be accepted as long as they are received directly from a healthcare provider, high school, or university/college.

**ALL SUPPORTING DOCUMENTATION MUST CLEARLY SHOW THE DATES OF VACCINATIONS ON THEM.**

If you have had either the measles or the mumps in the past, no proof of vaccination will be necessary. However we will require that the dates when you contracted the disease **be verified by a health care provider or it will not be accepted.**

Another option is taking a Blood Antibody Titer Test and submitting a dated laboratory report. This report must include the laboratory name and address, the student's name and date of birth, the numerical result(s), and numerical interpretation ranges. **Equivocal results reflect negative immunity.**

If you were born prior to January 1, 1957, please check the Birth Exception box. We will verify your birth date against the information available in your student academic record.

**PART THREE: MENINGOCOCCAL MENINGITIS:** To be filled out completely by the student.

On July 22, 2003, Governor Pataki signed [New York State Public Health Law \(NYS PHL\) 2167](#) requiring institutions, including colleges and universities, to distribute information about meningococcal disease and vaccination to all students meeting the enrollment criteria, whether they live on or off campus.

Pace University is required to maintain a record of the following for each student:

- Certificate of Immunization for meningococcal meningitis disease; **or**
- A response to receipt of meningococcal meningitis disease and vaccine information signed by the student or the student's parent or guardian; **AND EITHER**
- Self-reported or parent recall of meningococcal meningitis immunization within the past 5 years; **or**
- An acknowledgement of meningococcal disease risks and refusal of meningococcal meningitis immunization signed by the student or student's parent or guardian.

Resident first-year students are **strongly encouraged** to receive a meningitis vaccination.

Students in a **nursing** program or a **physician assistant** program **must complete** this part of the form and submit with a copy of the blood titer results required for participation in those programs.

**Students may also submit this part electronically at:**

[www.pace.edu/paperless](http://www.pace.edu/paperless) The University Health Care Office on your campus can assist you in fulfilling these requirements. Inoculations can be administered for Measles, Mumps, and Rubella (MMR). The Meningitis vaccine may be available. You may contact them directly at the numbers below to make an appointment.

New York UHC (212) 346-1600 | Westchester UHC (914) 773-3760