POST-SECONDARY INSTITUTION
Immunization Survey Summary

DUE DATE: DECEMBER 15

ID NUMBER

Return Original Form to:

NYS DOH – IMMUNIZATION PROGRAM
ESP Corning Tower Room 649
Albany, NY 12237-0627
(518) 474-1946
(518) 486-2249 (FAX)

*REGIONAL OFFICES:

ALBANY	518-271-2760
ROCHESTER	716-423-8090
NEW ROCHELLE	914-654-7194
METROPOLITAN	212-268-7276
BUFFALO	716-847-4385
SYRACUSE	315-426-7628
LONG ISLAND	914-654-7194

*Dutchess, Orange, Sullivan & Ulster counties call Alan Grosiecki 518-473-4437

CONTACT PERSON (please print) _____ TITLE _____ TELEPHONE NO. _____

I CERTIFY THAT THE DATA IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

NAME _____ SIGNATURE _____ DATE _____

NOTE: YOU ARE REQUIRED TO KEEP A LIST OF ALL SUSCEPTIBLE STUDENTS (I.E., THOSE IN THE PROCESS OF OBTAINING VACCINES OR WITH EXEMPTIONS) FOR RAPID IDENTIFICATION DURING OUTBREAKS.

IMPORTANT

Read these instructions carefully.

- Use ONLY a Number 2 pencil.
- Completely erase any marks you want to change.
- DO NOT make any stray marks or smudges on either side of this form.
- Write the number in the boxes provided above each column. Use the boxes so the last digit falls in the farthest right box of each column - (Right justify)
- Completely fill in the ovals with dark pencil marks.

INSTRUCTIONS FOR SIDE TWO

COLUMN NUMBER

1 – TOTAL NUMBER ENROLLED – born on or after January 1, 1957
For each category listed, enter the total number of students who must comply with the law.

2 – EXEMPTIONS – Enter the number of students who have medical/religious exemptions to any of the three antigens (measles, mumps, or rubella).

3 – MEASLES – Enter the number of students who satisfy the two-dose vaccine requirement (first dose administered on or after the first birthday, second dose at least 30 days later), or provide acceptable serological evidence of immunity or have a physician's statement of disease history. If student is unable to satisfy these requirements, the student must then submit documentation that proves they attended a primary or secondary school in the U.S. after December 31, 1980 and also received a dose of measles vaccine administered within one year prior to attendance at the post-secondary institution.

4 – MUMPS – Enter the number of students who satisfy the minimum requirement of one dose of mumps vaccine (administered on or after the first birthday) or provide acceptable serological evidence of immunity or have a physician's statement of disease history.

5 – RUBELLA – Enter the number of students who satisfy the minimum requirement of one dose of rubella vaccine (administered on or after the first birthday) or provide acceptable serological evidence of immunity. Physician diagnosis is not acceptable as proof of immunity to rubella.

6 – TOTAL NUMBER COMPLETELY IMMUNE – Enter the number of students who meet all three requirements listed above. Students in process of receiving immunizations, those with medical/religious exemptions and those born prior to January 1, 1957, should not be included in this number. The number in column 6 must be less than or equal to the smallest number entered in columns numbered 3, 4, or 5.

	1 TOTAL # ENROLLED BORN SINCE 01/01/57	2 EXEMPTIONS		3 MEASLES 2 DOSES	4 MUMPS 1 DOSE	5 RUBELLA 1 DOSE	6 TOTAL NUMBER COMPLETELY IMMUNE
		MEDICAL	RELIGIOUS				
FULL-TIME UNDERGRADUATE							
FULL-TIME GRADUATE/ PROFESSIONAL							
ALL PART-TIME *(6 OR MORE CREDIT HOURS)*							
TOTAL							