Fashion Institute of Technology

Immunization Form

This immunization form is required and must be completed in full. All information is confidential and for Health Services use only.

Name

Last

First

Middle

Personal information

Birth date / /

Sex ○ F ○ M

Student ID (@) number

Email

MUST BE COMPLETED BY STUDENT:

Meningitis: New York State Public Health Law §2167 requires that all college and university students enrolled for at least six semester hours or the equivalent per semester provide the following information regarding meningococcal disease and vaccination(s). Check one and sign below:

○ I had the meningococcal meningitis immunization (Menomune™) within the last 5 years.
Vaccine date: / /

○ I understand the risks of not receiving the vaccine. I have decided that I will not obtain immunization against meningococcal meningitis disease.

Student's signature (parent or guardian if a minor):

Date: / /

To avoid jeopardizing your enrollment, complete this immunization form and return it to Health Services promptly.

Submit completed immunization form and/or immunization records by scanning and uploading to the FIT Health Portal at fit.studenthealthportal.com.

If you have any questions, call Health Services at 212 217.4190.

MUST BE COMPLETED, SIGNED, AND STAMPED BY A HEALTH CARE PROVIDER:

Measles, Mumps, and Rubella: In order to attend classes, students must provide proof of immunity against measles, mumps, and rubella. Students born prior to January 1, 1957, are exempt from these requirements and must provide proof of date of birth (e.g. driver's license, passport). For the purposes of the college MMR immunization law, proof of immunity for measles, mumps, and rubella shall mean the following:

Measles (rubeola): Two doses of live measles vaccine given on or after the first birthday and after 1967, physician-documented history of disease, or serological evidence of immunity.

Mumps: One dose of live mumps vaccine given on or after the first birthday, physician-documented history of disease, or serological evidence of immunity.

Rubella (German measles): One dose of live rubella vaccine given on or after the first birthday, or serological evidence of immunity.

	Vaccine Date (month/day/year)		Titer Date and Result (month/day/year)		Disease History (month/day/year)
Combined MMR	1. / / 2. / /				
OR					
Measles	1. / / 2. / /	OR	/ / Result: ○ Positive ○ Negative	OR	/ / Signature of diagnosing physician:
Mumps	/ /	OR	/ / Result: ○ Positive ○ Negative	OR	/ / Signature of diagnosing physician:
Rubella	/ /	OR	/ / Result: ○ Positive ○ Negative		Physician diagnosis is not acceptable
Optional Vaccines					
Tetanus	○ TDAP ○ TD / /				
HPV	1. / /		2. / /		3. / /
Hepatitis A	1. / /		2. / /		3. / /
Hepatitis B	1. / /		2. / /		3. / /

Health Care Provider Information:

Signature: __________

Print Name: __________

Phone: __________

Date: __________

Health Care Provider Stamp: