

# Stony Brook University Policy for HSC Non-Matriculated Student Health History

**All** students (Undergraduate, Transfer, Graduate, SPD students, Certificate Program students and Distance Learners) must return a completed Health History / Immunization form, demonstrating compliance with immunization requirements within 16 days after the first day of classes. If the student does not comply with the requirement by the 16<sup>th</sup> day, the Registrar will block future registration. If a New York State resident student has not complied by the 30<sup>th</sup> day of the semester, and the student is taking 6 or more credits, the Registrar will disenroll these students. Out of state resident students and international students who are taking 6 or more credits have 45 days to comply. If they do not comply by the 45<sup>th</sup> day the Registrar will disenroll these students. Students taking less than 6 credits will not be disenrolled. However, a block will be placed on future registration until the requirement is met.

- Students born before 1957 are exempt from the measles, mumps and rubella vaccine requirement.
- Students studying in another country who are not studying in a group setting do not need to comply with the policy.

These immunization requirements exceed those established by the NYS Public Health Law, and include all part-time students.

## 1) Public health requirements – Mumps, Measles, Rubella

**New York State law requires** proof that students born after January 1, 1957, taking at least six credit hours per semester have had measles/mumps/ rubella vaccination. Students must have *either* the combination vaccine *or* individual vaccinations. For proof of immunization, only an official record (such as a school immunization record) or a statement signed by the student's health-care provider can be accepted.

**Combination vaccine: two doses of live vaccine administered on or after the first birthday.**

– **OR** –

### Individual vaccinations:

**Measles:** two doses of live vaccine administered on or after the first birthday; or protective-antibody titer result; or physician-diagnosed history of disease.

**Mumps:** one dose of live vaccine administered on or after the first birthday; or protective-antibody titer result; or physician-diagnosed history of disease.

**Rubella:** one dose of live vaccine; or protective-antibody titer result (NOTE: previous clinical diagnosis of Rubella is not acceptable proof).

## 2) Public health requirements- Meningitis

**All** students (Undergraduate, Transfer, Graduate, SPD students, Certificate Program students, and Distance Learners) must verify by their signature that they have received information about meningococcal disease and have made an informed decision about whether or not to receive immunization against meningococcal disease. Student must demonstrate compliance with this requirement within 60 days after the first day of classes. The Registrar will block future registration for students who fail to comply with this health requirement.

Student may comply with this law by reading the required information regarding meningitis, and completing the meningococcal vaccination response form. This can be done by:

- On-line form: Students can access this through their SOLAR account.
- Paper form (pdf): Students can print the form, fill it out, bring it in, fax, or mail it to the Student Health Service.



# IMMUNIZATION RECORD

HSC Non-Matriculated Students

Student's Name:

\_\_\_\_\_ Last First M

Student's ID 9-Digit Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: MO/DD/YEAR: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Please complete and sign either Section I or Section II

## SECTION I

List TWO dates of "MMR" (measles, Mumps, Rubella) vaccine inoculation: \_\_\_\_\_ & \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature / Stamp Date

OR attach a signed COPY of Immunization record

## SECTION II

**A: MEASLES - Complete ONE of the following.**

- 1. TWO dates of Measles vaccination \_\_\_\_\_ & \_\_\_\_\_
- 2. Approximate date of Measles infection (disease): \_\_\_\_\_
- 3. Date of blood test for Measles Immunity: \_\_\_\_\_ **Results** \_\_\_\_\_

**B: MUMPS**

- 1. Date of Mumps vaccination: \_\_\_\_\_
- 2. Approximate date of Mumps infection (disease): \_\_\_\_\_
- 3. Date of blood test for Mumps Immunity: \_\_\_\_\_ **Results** \_\_\_\_\_

**C: RUBELLA (German Measles) -**

- 1. Date of Rubella vaccination: \_\_\_\_\_
- 2. Date of blood test for Rubella Immunity: \_\_\_\_\_ **Results** \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature / Stamp Date

**Return form to:** Director, Student Health Service  
Stony Brook University  
Stony Brook, NY 11794-3191  
Phone: 631-632-6740