



IMMUNIZATION RECORD FORM
(Return to Admission Office)

FORM D

Please print Last Name

First Name

Middle Initial

Social Security No.

HEALTH CARE PROVIDER'S CERTIFICATE

Indicate if you received live measles, mumps and rubella vaccine, singly or in combination (MMR) and it was administered a) after 1968, AND b) on or after the first birthday, AND c) a second live measles vaccination no less than one month after the first dose.

| Vaccine | Date of 1st Dose | Date of 2nd Dose | OR | Vaccine | Date of 1st Dose |
|---------|------------------|------------------|----|---------|------------------|
| Measles | | | | MMR I | |
| Mumps | | | | MMR II | |
| Rubella | | N/A | | | |

I have seen documented laboratory proof of immunity from the above listed viruses if no date is recorded for immunizations.

I certify the immunizations of the above-named student for measles, mumps and rubella as described above. The dates indicate when the immunizations were given.

Health Care Provider (Type or Print)

Health Care Provider (Signature)

Date

NON-MEDICAL EXEMPTION*

You are exempt if a) you were born before 1957. **Proof** (Copy of driver's license, passport or birth certificate) **must accompany this form;** b) religious exemption. You **MUST** provide a written signed statement explaining how the administration of an immunizing agent conflicts with your religious beliefs.

IMMUNIZATION OR MEDICAL EXEMPTION*

You are exempt if you present a written signed statement from a physician stating that immunization is medically contraindicated for a specific period of time (the expiration date for the period must be stated and failing to be immunized thereafter will preclude further enrollment), and setting forth the reason(s) for the medical contraindication, based upon valid medical reasons as enumerated by the most recent recommendations of the Advisory Committee On Immunization Practices of the USPHS.

**A student with a medical or religious exemption may be temporarily excluded from classes and from participation in institution-sponsored activities during a vaccine-preventable outbreak or threatened outbreak. This decision shall be made by the institution in consultation with the State Commissioner of Health or his/her designee. This exclusion shall continue until the outbreak is over. In addition, the Seminary is not responsible if the student contracts measles, mumps or rubella.*