

IMMUNIZATION FORM FOR GRADUATE AND PART TIME STUDENTS



Students registered for 6 or more credits are required by New York State Public Health Laws 2165 and 2167 to submit proof of immunization as requested below. Non-compliance results in registration withdrawal. FORMS ARE DUE BEFORE CLASSES BEGIN.

Mail form to: STUDENT HEALTH CENTER
2001 Main Street, Buffalo, NY 14208

Fax form to: 716.888.3217

Upload form to myCanisiusHealth

P: 716.888.2610

*Please note, date format Month/Day/Year (MM/DD/YY).

LAST NAME	FIRST NAME	MIDDLE INITIAL	COLLEGE ID / MEDICAT ID	DATE OF BIRTH (MM/DD/YYYY)
PERMANENT ADDRESS		CITY	STATE	ZIP CODE
CELL PHONE		EMAIL ADDRESS		

PART 1 HEALTH CARE PROVIDER TO COMPLETE AND SIGN

MMR (Measles, Mumps, Rubella)	If born after 1956, two doses of MMR vaccine required. Dose #1 administered on or after the 1 st birthday. Dose #2 administered at least 28 days after the first dose.	Dose #1 MM / DD / YY	Dose #2 MM / DD / YY		
MMR Serology/Titer	Laboratory proof of immunity to measles, mumps and rubella (Laboratory report must be submitted with this form).	Measles Titer Date MM / DD / YY <input type="checkbox"/> Immune <input type="checkbox"/> Non Immune	Mumps Titer Date MM / DD / YY <input type="checkbox"/> Immune <input type="checkbox"/> Non Immune	Rubella Titer Date MM / DD / YY <input type="checkbox"/> Immune <input type="checkbox"/> Non Immune	
MENINGOCOCCAL REQUIREMENT	One dose of Meningococcal ACYW 135 in the past 5 years and/or completed series of Meningococcal B in the past 5 years. (Student may decline meningococcal vaccination by completing Part 2 of this form).				
MENINGOCOCCAL QUADRIVALENT	One dose ACYW within past 5 years	Dose #1 MM / DD / YY	Dose #2 MM / DD / YY		
MENINGOCOCCAL B	Completed series of either Bexsero or Trumenba within past 5 years	MenB-4C (Bexsero) 2 Doses		MenB-FHbp (Trumenba) 3 Doses	
		Dose #1 MM / DD / YY	Dose #2 MM / DD / YY	Dose #1 MM / DD / YY	Dose #2 MM / DD / YY

HEALTH CARE PROVIDER SIGNATURE _____ HEALTH CARE PROVIDER PRINTED NAME _____

ADDRESS _____ PHONE _____

PART 2 STUDENT TO COMPLETE AND SIGN

MENINGITIS RESPONSE: STUDENT MUST COMPLETE IF DECLINING MENINGOCOCCOL VACCINATION

I have read or have had explained to me, the information regarding meningococcal meningitis. I understand the risks of not receiving the vaccine. I have decided that I (my child) will **not** obtain immunization against meningococcal disease.

SIGNATURE OF STUDENT OR PARENT/GUARDIAN OF MINOR STUDENT _____ DATE (MM/DD/YY) _____