

Columbia University Measles, Mumps, and Rubella Form

Please upload the completed to form via the secure patient portal (secure.health.columbia.edu).

Alternately you may submit via fax (212-854-5078); mail/in person to Columbia Health Immunization Compliance Office at John Jay Hall, 3rd Floor, 519 W. 114th Street, Mail Code 3601, New York, NY 10027; or email to immunizationcompliance@columbia.edu.

Please note that communications sent via email over the Internet are not necessarily secure. Columbia University cannot guarantee that the information and records submitted via unencrypted email will not be intercepted and read by other parties besides the University.

I. STUDENTS COMPLETE THIS SECTION

New York State Public Health Law 2165 and University Policy **REQUIRES** all students born on or after **JANUARY 1, 1957** prove immunity to Measles, Mumps, and Rubella.

Student Name: _____
Last/Family First Middle Initial

Columbia ID (PID or UNI): _____ Birth Date: _____ / _____ / _____ Phone #: _____
Personal ID or University Network ID Month Day Year

Personal E-mail: _____ CU School Affiliation: _____

II. HEALTH CARE PROVIDERS COMPLETE THIS SECTION

All of section A or section B below must be completed by a physician or health care provider.

Section A: MMR (Measles, Mumps, and Rubella)

| | Month | Day | Year |
|--|----------------|----------------|----------------|
| _____ 1st MMR DOSE: Administered after the first birthday AND after 1/1/1972 | ____/____/____ | ____/____/____ | ____/____/____ |
| <input type="radio"/> AND | | | |
| _____ 2nd MMR DOSE: or 2nd Live Virus Measles Dose: | ____/____/____ | ____/____/____ | ____/____/____ |
| Administered at least 28 days after 1st dose | | | |

OR

Section B-PART 1: MEASLES

| | Month | Day | Year |
|--|----------------|----------------|----------------|
| _____ 1st Live Virus Dose: Administered after first birthday | ____/____/____ | ____/____/____ | ____/____/____ |
| <input type="radio"/> AND | | | |
| _____ 2nd Live Virus Dose: Administered at least 28 days after 1st dose | ____/____/____ | ____/____/____ | ____/____/____ |
| <input type="radio"/> OR | | | |
| _____ History of Illness documented by Health Care Provider | ____/____/____ | ____/____/____ | ____/____/____ |
| <input type="radio"/> OR | | | |
| _____ Immunity Proven by Serologic Testing – MUST SUBMIT COPY OF LAB REPORT | ____/____/____ | ____/____/____ | ____/____/____ |

Section B-PART 2: MUMPS

| | Month | Day | Year |
|--|----------------|----------------|----------------|
| _____ Live Virus Dose Administered after first birthday AND after 1/1/1969 | ____/____/____ | ____/____/____ | ____/____/____ |
| <input type="radio"/> OR | | | |
| _____ History of Illness documented by Health Care Provider | ____/____/____ | ____/____/____ | ____/____/____ |
| <input type="radio"/> OR | | | |
| _____ Immunity Proven by Serologic Testing – MUST SUBMIT COPY OF LAB REPORT | ____/____/____ | ____/____/____ | ____/____/____ |

Section B-PART 3: RUBELLA (German Measles)

| | Month | Day | Year |
|--|----------------|----------------|----------------|
| _____ Live Virus Dose: Administered after first birthday AND after 1/1/1969 | ____/____/____ | ____/____/____ | ____/____/____ |
| <input type="radio"/> OR | | | |
| _____ Immunity Proven by Serologic Testing – MUST SUBMIT COPY OF LAB REPORT | ____/____/____ | ____/____/____ | ____/____/____ |
| Note: History of Illness is NOT acceptable | | | |

The information on this form is accurate to the best of my knowledge.

Physician/Provider Name (Please Print)

Signature

Physician/Provider Stamp

Lic. #

**COURSE REGISTRATION IS PROHIBITED UNTIL COMPLETE DOCUMENTATION HAS BEEN RECEIVED & PROCESSED.
DOCUMENTATION IS DUE UPON ADMISSION OR AT LEAST 30 DAYS BEFORE REGISTRATION.**

Measles, Mumps, and Rubella Form Instructions and Explanations

Instructions

Students: Complete the top portion of this form. Once your physician or health care provider has completed this form or you have copies of supporting documentation, make a copy for your records and return the originals to the Immunization Compliance Office via the options at the top of the form. We will be unable to process your form without your name, birth date, health care provider's name, and provider's signature.

Physician or other Health Care Provider: Complete all required information. Documentation of two (2) MMR vaccines (or equivalent) is required: the first administered after the first birthday and the second administered at least 28 days after the first vaccine. Laboratory results with results and reference ranges must be provided if immunity is demonstrated by serological testing. If there is no supporting documentation, this form will NOT be processed without a health care provider's name and signature.

Explanations of Supporting Documentation

1. Immunization Documentation from Another School

Students who have attended another school in the United States may submit a copy of those immunization records to prove immunity to measles, mumps, and rubella. Once you have obtained a copy of your documentation, please complete the top portion of this form and attach to the copy of your immunization record. Since requirements vary by state and country, your record is reviewed for compliance with New York State and University requirements. It is important for you to maintain a copy, as the forms are often illegible or lack identifying information required to process the documentation.

2. Vaccine History

Provide a certificate of immunization verifying the date of the disease, or the administered measles, mumps, and rubella vaccines. This includes documents such as:

- A certificate from a licensed physician
- A migrant health record
- A community health plan record
- An immunization record card signed by a physician, a physician's assistant, or nurse practitioner

You must also complete the student section of this form and submit it along with your immunization record. Please note that all immunizations must have been received after your first birthday.

3. Document History of Illness

If you have been diagnosed by a physician with having had measles or mumps, this is acceptable proof of immunity. The physician must enter the dates of initial diagnosis on this record form. Note: A diagnosis of previous rubella disease is not acceptable proof of immunity under New York State Health Code.

4. Immunity Proven by Serological Testing

Immunity to all of the three diseases may be proven by blood test for antibodies. You must submit the actual laboratory report with results and reference ranges if immunity is demonstrated by serological testing.

If you have any questions please email immunizationcompliance@columbia.edu. Please retain a copy for your records.

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