

Hubbs Health Center

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IMMUNIZATION FORM

New York State Public Health Law 2167 requires students to have either 1 dose of meningococcal A,C,W,Y within 5 years or complete a 2 or 3 dose series of Meningococcal B Vaccine or sign the Meningococcal Declination Waiver.

New York State Public Health Law 2165 requires documented proof of immunity to Measles, Mumps and Rubella, if born on/or after January 1, 1957.

Please fill out required vaccination dates below OR submit Immunization Record History.

- 1. MMR vaccination date: Dose 1: _____, Dose 2: _____
- If not vaccinated, although has proof with immunity with serology, please include lab report.
- 2. **MENINGOCOCCALA,C,W,Y:** A meningococcal vaccine within the last 5 years. Date of vaccine: ______ (Menactra ____ Menveo ____)
- 3. MENINGOCOCCAL B: A completed series of the meningococcal vaccine within 5 years. Dose 1: ______, Dose 2: ______, Dose 3: ______
- Tdap (Tetanus,Diphtheria,Pertussis): Recommend a booster dose every 10 years for adequate protection.
 Date of most recent booster:
- 5. Varicella: Recommended two dose vaccine for evidence of immunity.
 Dose 1: ______ Dose 2: _____ OR
 History of Chicken Pox Infection

TUBERCULOSIS RISK ASSESSMENT OF STUDENT:

If considered high risk for exposure of tuberculosis, please submit document of testing; including PPD, Quantiferon IGRA laboratory results, and/or chest x-ray.

Health Care Provider Signature _	Date
Printed Name	

Please return completed fall semester forms to the Hubbs Health Center by June 16, 2025. Forms can be emailed to Hubbs@hws.edu

Please return completed spring semester forms to the Hubbs Health Center by January 5, 2026. Forms can be emailed to Hubbs@hws.edu