

Pre-Registration Immunization Form

For Morningside, Manhattanville, and Teachers College students only.
 Visit the [Columbia Health website](#) for additional information.

This section to be completed by the student:

Legal Last Name: _____ Legal First Name: _____ Middle Initial: _____

Date of Birth (MM/DD/YY): ___/___/___ School/Program: _____

UNI: _____ Email Address: _____

I will certify my informed meningitis decision in the Medical Clearances section of the Patient Portal. **If you indicate that you received the MenACWY vaccine within the past 10 years, the medical provider must take action below.*

This section must be completed by a healthcare clinician who is not a relative:

Measles (Rubeola), Mumps, Rubella (MMR) Upload supporting documentation to the Patient Portal, Medical Clearances section. All records must include name and date of birth.	Vaccine:	Date: MM/DD/YY
Option A MMR Immunizations (On or after first birthday and at least 28 days apart)	MMR Dose 1	___/___/___
	MMR Dose 2	___/___/___
Option B Measles, Mumps, and Rubella Immunizations given separately (On or after first birthday and at least 28 days apart)	Measles Dose 1	___/___/___
	Measles Dose 2	___/___/___
	Mumps Dose 1	___/___/___
	Rubella Dose 1	___/___/___
Option C Positive MMR IgG Antibody titers (lab reports required)	Measles (Rubeola) Titer	___/___/___
	Mumps Titer	___/___/___
	Rubella Titer	___/___/___
Meningitis ACWY		
(only if student indicated receipt of MenACWY vaccine within the past 10 years)		___/___/___

I attest that all dates, results, and immunizations listed on this form are correct and accurate.

_____ Date: ___/___/___
 Medical Provider's Printed Name:

_____ License Number:
 Medical Provider's Signature & Stamp (Both required):