

# 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/YYYY): \_\_\_/\_\_\_/\_\_\_\_ 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 5 years, the medical provider must take action below.*

## This section must be completed by a medical provider who is not a relative:

*This form will not be accepted until the following section is fully completed by a medical provider.*

<b>Measles (Rubeola), Mumps, Rubella (MMR)</b> Upload supporting documentation to the <b>Patient Portal, Medical Clearances</b> section. All records must include name and date of birth.	<b>Vaccine:</b>	<b>Date:</b> <b>MM/DD/YYYY</b>
<b>Option A</b> MMR Immunizations (On or after first birthday and at least 28 days apart)	MMR Dose 1	___/___/____
<b>Option B</b> Measles, Mumps, and Rubella Immunizations given separately (On or after first birthday and at least 28 days apart)	MMR Dose 2	___/___/____
<b>Option C</b> Positive MMR IgG Antibody titers <b>(lab reports required)</b>	Measles Dose 1	___/___/____
	Measles Dose 2	___/___/____
	Mumps Dose 1	___/___/____
<b>Meningitis ACWY</b>	Rubella Dose 1	___/___/____
	Measles (Rubeola) Titer	___/___/____
	Mumps Titer	___/___/____
(only if student indicated receipt of MenACWY vaccine within the past 5 years)	Rubella Titer	___/___/____
		___/___/____

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

\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_

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

License Number: