

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, Alfred Lerner Hall, Room 503, 2920 Broadway, Mail Code 2605, New York, NY 10027. Forms may also be faxed to (212) 854-5078. 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 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 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 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.

If you are submitting a copy of your vaccine history, a physician's signature is not required on this form.

3. Document History of Illness

If you have been diagnosed by a physician with having had measles and/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 a copy of the actual laboratory report with this form.

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

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