

## Cardozo Law Student Immunization Form

To maintain the health of all students, New York State public health law requires that students attending postsecondary institutions in the state submit proof of immunization against certain vaccine preventable diseases. Please submit this form to the **Office of Admissions** by **Monday, July 28, 2025**. Students who fail to complete all required information may be prohibited from attending classes.

### Part 1: Student Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Student ID: \_\_\_\_\_

**Please check the appropriate boxes.**

I am a:  J.D. Student  LL.M Student  
 I am entering Cardozo in:  January  May  August

### Part 2: Measles, Mumps, and Rubella

All students born on or after January 1, 1957 are required to demonstrate immunity to measles, mumps, and rubella by presenting proof of having received two vaccinations for Measles (Rubeola), at least one vaccination for Mumps, and at least one vaccination for Rubella (German Measles), or if given in combination, two MMR (Measles, Mumps and Rubella) vaccines. Immunity may also be affirmed by providing the results of a laboratory test (immune titer) for each disease and a copy of the report.

<b>A</b>	<p><b>Two Measles, Mumps, and Rubella, (MMR) Vaccinations (Attach Documentation)</b></p> <p>1<sup>st</sup> MMR Dose: Immunization no more than 4 days prior to student's first birthday <span style="float: right;">Date: _____</span></p> <p>2<sup>nd</sup> MMR Dose: Immunization at least 28 days after first vaccination <span style="float: right;">Date: _____</span></p>
<b>OR</b>	<p><b>Individual Measles, Mumps, and Rubella Vaccinations (Attach Documentation)</b></p> <p>1<sup>st</sup> Measles Dose: Immunization no more than 4 days prior to student's first birthday <span style="float: right;">Date: _____</span></p> <p>2<sup>nd</sup> Measles Dose: Immunization at least 28 days after first vaccination <span style="float: right;">Date: _____</span></p> <p>Mumps: Immunization no more than 4 days prior to student's first birthday <span style="float: right;">Date: _____</span></p> <p>Rubella: Immunization no more than 4 days prior to student's first birthday <span style="float: right;">Date: _____</span></p>
<b>OR</b>	<p><b>Titer Showing Positive Immunity (Must Attach Laboratory Report)</b></p> <p>Measles <span style="float: right;">Date: _____</span></p> <p>Mumps <span style="float: right;">Date: _____</span></p> <p>Rubella <span style="float: right;">Date: _____</span></p>
<b>B</b>	<p><b>Healthcare Provider Information</b> (this form must be signed and stamped by a healthcare provider or have attached immunization records)</p> <p>Provider Name: _____ <span style="float: right;">Provider Signature: _____</span></p> <p style="text-align: right;">(Include Office Stamp)</p>

### Part 3: Meningococcal Meningitis Vaccination Form

New York State Public Health Law requires that all college and university students enrolled for at least six (6) semester hours or the equivalent per semester, or at least four (4) semester hours per quarter, complete and return the following form.

**Check one response box and sign below.**

- I have had meningococcal immunization (Menomune or Menactra) within the past **5 years**. (August 2020 or later). The vaccine record is attached. Date received: \_\_\_\_\_  
[Note: The Advisory Committee on Immunization Practices recommends that all first-year college students up to age 21 years should have at least 1 dose of Meningococcal ACWY vaccine not more than 5 years before enrollment, preferably on or after their 16<sup>th</sup> birthday, and that young adults aged 16 through 23 years may choose to receive the Meningococcal B vaccine series. College and university students should discuss the Meningococcal B vaccine with a healthcare provider.] Meningococcal B vaccine does not satisfy the above. It is in addition to the Menomune or Menactra vaccine
- I have read, or have had explained to me, the information regarding meningococcal disease. I will obtain immunization against meningococcal disease within 30 days from my private health care provider or schedule an appointment for immunization through Mount Sinai/ Beth Israel student health service network. **I will forward proof of vaccination once received. I understand my file will remain incomplete until I forward proof of vaccination.**
- I have read, or have had explained to me, the information regarding meningococcal disease. I understand the risks of not receiving the vaccine. I have decided that I will not obtain immunization against meningococcal disease.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Email the completed form to the Benjamin N. Cardozo School of Law Office of Admissions**  
**Email: cardozoadmit@yu.edu**