



# SVA Student Health Form

Completing this form is a requirement to register for class.

|                 |                     |                            |
|-----------------|---------------------|----------------------------|
| Last Name       | First Name          | Date of Birth (MM/DD/YYYY) |
| SVA Student ID# | BFA/Masters Program | Email Address              |

## STEP 1 Meningitis Response (MUST BE COMPLETED BY STUDENT)

Please note that this is not a required shot. **New York State Public Health Law 2168** requires that all college and university students enrolled for at least six semester hours or the equivalent per semester provide the following information regarding meningococcal vaccination.

**Please select one of the boxes below, sign and date:**

Yes, I have had the meningitis vaccine within the past ten years.

No, I have not received the meningitis vaccine and decided I will not obtain immunization against the meningitis disease.

\_\_\_\_\_  
Date of Shot (MM/DD/YYYY)

**Student's Signature**

(IF YOU ARE UNDER 18, PLEASE HAVE A PARENT/GUARDIAN SIGN)

**Date (MM/DD/YYYY)**

Please email this form to [health@sva.edu](mailto:health@sva.edu) with your name and SVA ID number in the subject line. Allow 1-2 business days for review.

Age/Medical/Religious exemption: please review page 2.

## STEP 2 Measles, Mumps, Rubella Immunization

**Please note: if you have a record of your MMR, please email the document to [health@sva.edu](mailto:health@sva.edu) and refrain from filling out the below form (blue section). If you *do not* have a record of your vaccinations, please have a doctor complete the form below.**

////////////////////// **BELOW IS TO BE COMPLETED BY A HEALTH CARE PROVIDER ONLY** ////////////////////////

| VACCINATION  | DATE DOSE ADMINISTERED (MM/DD/YYYY) |        |
|--|-------------------------------------|--------|
| MMR Combined   | DOSE 1:                             | / /    |
|  | DOSE 2:                             | / /    |
| OR   |                                     |        |
| Measles  | DOSE 1:                             | / /    |
|  | DOSE 2:                             | / /    |
| Mumps  | DOSE 1:                             | / /    |
| Rubella  | DOSE 1:                             | / /    |
| <small>OR if you cannot obtain proof of MMR vaccination, you may take a blood test, testing for immunity against MMR. Results must return as immune/positive, please attach lab report to this form.</small> |                                     |        |
| TEST   | TEST DATE (MM/DD/YYYY)              | RESULT |
| Serological Titers   | MEASLES:                            | / /    |
|  | MUMPS:                              | / /    |
|  | RUBELLA:                            | / /    |

HEALTH CARE PROVIDER  
OR SCHOOL OFFICIAL STAMP, SEAL OR  
ATTACH BUSINESS CARD HERE

\_\_\_\_\_  
**Health Care Provider Signature**

\_\_\_\_\_  
**Date (MM/DD/YYYY)**

# Instructions for Completing the SVA Student Health Form

*There is no deadline to submit this form. However, you will be unable to continue with the registration process until we receive the form and can verify that you are in compliance with all of the New York State immunization requirements.*

STEP 1

## Meningitis Response

This section is completed by the student and must include all of the information requested. The form will not be accepted if incomplete.

The Meningitis vaccine is not required. However, we are required by New York State Public Health Law 2168 to notify students about Meningococcal Disease. Please visit [health.ny.gov/publications/2168](http://health.ny.gov/publications/2168) to obtain more information.

If a student is under the age of 18, a parent's signature and date are required.

STEP 2

## Measles, Mumps, Rubella Immunization

**New York State Public Health Law 2165**, requires that all students born on or after January 1, 1957 prove immunity to Measles, Mumps, and Rubella.

Students are required to submit proof of immunity to Measles, Mumps and Rubella either with documentation of at least 2 Measles, 1 Mumps and 1 Rubella or serological titers and lab report signed by the health care provider. All vaccinations must be on or after the student's first birthday. All vaccinations must be received at least 30 days apart.

If you have a record of your MMR vaccinations, please send a picture or a scan to [health@sva.edu](mailto:health@sva.edu). If you do not have a record of your vaccinations, please send this form to a health care provider or school official. This section must also include the signature and stamp, seal, or business card of the health care provider or school official. If you are taking a blood test because you cannot obtain your records, please attach the test results/lab report to the health form.

### Should you need assistance locating your health records or obtaining a vaccine:

- Please contact the school you most recently attended if you cannot locate your immunization records. Should they have records documenting your vaccination dates (2 Measles, 1 Mumps, 1 Rubella) we will accept a copy (on school letterhead, signed and stamped) along with the health form as official proof. You are still required to submit the health form with Step 1 completed.
- Contact your local health care provider to have serological titers (blood test) for immunity to Measles, Mumps, and Rubella. You are still required to submit the health form with Meningitis Response completed.
- If you live in the New York City area, contact your health care provider, call 311 or visit the Department of Health and Mental Hygiene's website at [nyc.gov/health](http://nyc.gov/health) for information on services (various services may be free of charge) and locations. If you live outside the New York City area, contact your local health department for suggestions.

### Exemptions From Step 2: Measles, Mumps, Rubella Immunization

All students in these categories must complete Step 1.

#### 1. Age Exemption:

Students born before January 1, 1957, are age exempt. Please email [health@sva.edu](mailto:health@sva.edu) with Step 1 completed and a copy of your driver's license, birth certificate or passport to prove that you are age exempt.

#### 2. Medical Exemption:

Students must submit a statement to [health@sva.edu](mailto:health@sva.edu) from their health care provider specifying which vaccine product should not be administered and how long the contraindication will last. The statement must also include a future date referring to when the medical exemption may no longer apply. These exemptions are subject to the approval of the Department of Health and Mental Hygiene.

#### 3. Religious Exemption:

Students must submit a statement of genuine and sincere religious (not philosophical) beliefs contrary to the practice of immunization. Supporting documentation on letterhead from a person of authority in your place of worship is also required. Email all documents to [health@sva.edu](mailto:health@sva.edu).

STEP 3

## Submit Form

Return health form via email to [health@sva.edu](mailto:health@sva.edu) (subject line must include your SVA Student ID number) or fax to 212.592.2216. You will receive an email once the form has been processed. Please allow up to 3 business days. Contact Student Health and Counseling Services at [health@sva.edu](mailto:health@sva.edu) or at 212.592.2246 if you have any questions.