INSTRUCTIONS FOR SUBMISSION OF CERTIFICATE OF IMMUNIZATION FORMS

All incoming students must complete the following forms by June 1 for Fall entering students or by December 15 for Spring entering students. Failure to meet this requirement will place holds that block you from registering for your courses.

Download, print, complete and submit the following:

- Certificate of Immunization
  - Record of 2 MMR’s (or documentation of 2 Measles, 1 Mumps, and 1 Rubella) is required by New York State law for entrance into Binghamton University
  - There are 2 ways you can send us this information.
    1. Certificate of Immunization completed and signed by healthcare provider
    2. OFFICIAL DOCUMENTATION* of your immunization history.

- Meningitis Information Response Form
- Under 18 Consent Form

Forms may be submitted in **ONE** of the following ways:

**Mail:**
Decker Student Health Services Center
Binghamton University
P.O. Box 6000
Binghamton, NY 13902-6000 USA.

**Upload:**
Via the Patient Portal (https://myhealth.binghamton.edu)
You can scan and upload your documents by clicking on UPLOAD at the top of the Patient Portal and follow instructions.

You can find out more information about Health Services at [http://www2.binghamton.edu/health/new-students.html](http://www2.binghamton.edu/health/new-students.html)

*Official Documentation: Documents including physician-verified history of disease, laboratory evidence of immunity (titers), personal records, (i.e., baby book with official medical provider’s signature or office stamp), or medical exemption. Other acceptable documents include a copy of the immunization record from a prior school (high school or college), a migrant health record, a union health record, a community health plan record, a signed immunization transfer card, a military dependent’s "shot" record, the immunization portion of a passport, an immunization record card signed by a physician, physician assistant or nurse practitioner, or an immunization registry record.
CERTIFICATE OF IMMUNIZATION

<table>
<thead>
<tr>
<th>REQUIRED IMMUNIZATIONS</th>
<th>1st MMR Dose</th>
<th>2nd MMR Dose</th>
<th>3rd MMR Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles, Mumps, Rubella</td>
<td>12/31/1956, 2 doses</td>
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</tbody>
</table>

Meningococcal (serogroups A, C, W, Y)

If you have not entered an administration date that is within 5 years for the Meningococcal Vaccine (serogroup A, C, W, Y) you must acknowledge that you have reviewed the meningitis disease vaccine information [http://www.binghamton.edu/health/meningitisinformation.pdf](http://www.binghamton.edu/health/meningitisinformation.pdf) and, with your below signature, acknowledge that you are aware of the meningococcal disease risks and that you decline the meningococcal meningitis immunization.

Signature of Student or Parent/Guardian if Student is Under 18 Years of Age

Tuberculosis  BINGHAMTON UNIVERSITY DOES NOT ACCEPT TB SKIN TEST (PPD) RESULTS PLACED BY PROVIDERS OUTSIDE THE UNITED STATES OR CANADA. Please go to [http://www2.binghamton.edu/health/new-students.html](http://www2.binghamton.edu/health/new-students.html) for information regarding this requirement.

<table>
<thead>
<tr>
<th>NON-REQUIRED IMMUNIZATIONS</th>
<th>Dose 1</th>
<th>Dose 2</th>
<th>Dose 3</th>
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</thead>
<tbody>
<tr>
<td>Gardasil HPV Vaccine</td>
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<tr>
<td>Hepatitis B Vaccine</td>
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<tr>
<td>Varicella Vaccine (Chicken Pox)</td>
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<tr>
<td>Hepatitis A Vaccine</td>
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<tr>
<td>Meningococcal Vaccine (serogroup B)</td>
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<td>Bexsero</td>
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</table>

Health Care Provider Information

Provider Name (Please Print): 

Signature: 

Phone: 

Date: 

Month Day Year

Revised 04/18