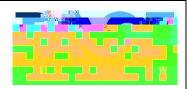
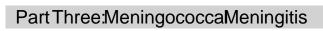
IMMUNIZATION REQUIREMENT FORM



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| Part Two: Measles, Mumps, Rubella |
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| / Mumps Disease:/ |
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| EXEMPTION FROM MEASLES, MUMPS, and RUBELLA VACCINATION (student must legibly check the applicable box): |
| 1) Medical Exemption (circle either Temporary or Permanent , submit medical documentation): |
| 2) Religious Exemption (student with deeply held aversions to receiving vaccinations for religious reasons must submit a formal, signed and dated original statement, indicating such): |
| cancer original samement, mercaning saver) |
| |
| BLOOD ANTIBODY TITER TEST: Students must submit a dated laboratory report to be considered compliant through this option. The |
| report must LQFOXGH WKH ODERUDWRU\ QDPH DQG DGGUHVV WKH VWXGHQW Perport must LQFOXGH WKH ODERUDWRU\ QDPH DQG DGGUHVV WKH VWXGHQW Perport must LQFOXGH WKH ODERUDWRU\ QDPH DQG DGGUHVV WKH VWXGHQW Perport must LQFOXGH WKH ODERUDWRU\ QDPH DQG DGGUHVV WKH VWXGHQW Perport must LQFOXGH WKH ODERUDWRU\ QDPH DQG DGGUHVV WKH VWXGHQW Perport must LQFOXGH WKH ODERUDWRU\ QDPH DQG DGGUHVV WKH VWXGHQW Perport must LQFOXGH WKH ODERUDWRU\ QDPH DQG DGGUHVV WKH VWXGHQW Perport must LQFOXGH WKH ODERUDWRU\ QDPH DQG DGGUHVV WKH VWXGHQW Perport must LQFOXGH WKH ODERUDWRU\ QDPH DQG DGGUHVV WKH VWXGHQW Perport must LQFOXGH WKH ODERUDWRU\ QDPH DQG DGGUHVV WKH VWXGHQW Perport must LQFOXGH WKH QW PERPORT MUST LQFOXGH WKH |
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| HEALTH CARE PROVIDER INFORMATION: Name(Print): |
| Signature: |
| Phone Number: |
| |
| Place Official Stamp and/or License Number of Health Care Provider Above |



Instructions for the Immunization Requirement Form

Return the signed and completed form online through the Patient Portal at:

https://www.pace.edu/patientportal

Return by the following dates:

Fall Term: August 1 | Spring Term: December 1 | Summer I Term: May 1 | Summer II Term: June 1

PART ONE: To be filled out completely by the student. Please make sure to provide us with your Student Identification Number, a phone number(s) you can be reached at, and your Pace assigned e-mail address.

PART TWO: MEASLES, MUMPS, RUBELLA (MMR): To be completed by your healthcare provider. Supporting documentation is not required if this part is **signed and stamped legibly.**

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.

You must provide proof of having received 2 measles, 1 mumps, and 1 rubella vaccinations. The dates of these vaccinations must be indicated in the past and all vaccinations must have been received on or after your first birthday.

Please note that any supporting documentation must have been either signed or stamped by a hospitttL2a (o)-6 (r)-3 (m)5 (e)4 (d)-6 (ica)61 (tL2ap(o)-6 (r)13o(