



See the third page for the Registrar's Office contact information. Completed and approved forms should be submitted to the Registrar's Office or via help@touro.edu using Touro e-mail address. Questions can be directed to help@touro.edu.

This form is to be completed by all students born on or after January 1, 1957.

TO BE COMPLETED BY THE STUDENT

Student's Name: _____ Date of Birth: _____
First Last MM/DD/YYYY

Student's Address: _____
(No. & Street) City State/Zip Code

Touro ID# or Last 4 Digits of SSN: _____ School/Academic Program: _____

Check at least one of the statements below.

- Vaccination Record below is complete for each disease. I have no acceptable alternate record or exemptions to submit.
- Alternate records are attached for each disease.
- Medical Exemption on reverse is complete for each vaccination for which I claim medical examination.
- Religious exemption is attached for all diseases.

Student's Signature _____ Date: _____
MM/DD/YYYY

TO BE COMPLETED BY HEALTH PRACTITIONER

Vaccination record

		Measles	Rubella	Mumps	or Combined MMR
Vaccination Date	Dose 1	____/____/____	____/____/____	____/____/____	____/____/____
	Dose 2	____/____/____	____/____/____	____/____/____	____/____/____
Disease history <i>(Date of Onset)</i>		____/____/____	____/____/____	____/____/____	____/____/____
		____/____/____	____/____/____	____/____/____	____/____/____
Serology Date and Results <i>(Indicate + or -)</i> <i>Include copy of lab report</i>		____/____/____	____/____/____	____/____/____	____/____/____
		_____	_____	_____	_____
Scheduled Date for Dose 2		____/____/____	____/____/____	____/____/____	____/____/____

Important Note About Revaccination:

Measles-If administered prior to 1968 and not specified as "live" and/or if student was less than 12 months of age for first dose and/or less than 15 months of age for second dose, vaccination must be repeated. Indicate date for follow-up. Mumps and Rubella-If vaccination was given prior to 1969 and/or if patient was less than 12 months of age, vaccination must be repeated.

I certify that the above information is correct.

 Health Practitioner's Signature Name /Title Date

 Clinic / Address Phone Number



Questions can be directed to help@touro.edu. Please see the third page for registrar’s contact information per program/location.
Email completed form to the Registrar’s Office at help@touro.edu using your Touro e-mail address.

Exemptions from Immunizations

- **Students enrolled for online classes.** Registered exclusively in courses coded as online are exempt.
- **Religious** – you must provide the college with a signed statement that describes in sufficient detail that your beliefs are
 1. religious in nature, not philosophical and
 2. your beliefs are sincerely and genuinely held.
 Statements must include the name of the religious affiliation.
- **Medical Exemption**- Health Practitioner to fill-out and provide information below

TO BE COMPLETED BY HEALTH PRACTITIONER

I certify that it is medically contraindicated for _____
Student's Name

to be vaccinated for the disease(s) indicated below because of the stated medical reasons. (Reason and expiration date–or state if permanent–required for each disease.)

Check disease(s)-indicate medical reason(s) for contraindication Valid through date

Measles – _____ ____/____/____

Mumps – _____ ____/____/____

Rubella – _____ ____/____/____

Health Practitioner’s Signature

Name /Title

Date

Clinic / Address

Phone Number



Contact information for the Registrar's Offices per school/program and location

SCHOOL	REGISTRAR'S OFFICE ADDRESS	CONTACT INFORMATION
Graduate School of Business Graduate School of Jewish Studies Graduate School of Social Work Graduate School of Technology	Main Campus 320 West 31st Street - Suite 131 New York, NY 10001	Phone: (212) 463 0400 ext. 55368 Phone: (212) 463 0400 ext. 55544 Phone: (212) 463 0400 ext. 55291 Phone: (212) 463 0400 ext. 55368 E-mail: help@touro.edu Fax: (646) 495 3868
Graduate School of Education	Main Campus 320 West 31st Street - Suite 131 New York, NY 10001 Brooklyn Campus 946 Kings Highway Brooklyn, NY 11223 Bay Shore Campus 1700 Union Blvd # A Bay Shore, NY 11706	E-mail: GSEP.REGISTRAR@touro.edu Phone: (212) 463 0400 ext. 55544 Fax: (646) 495 3868 E-mail: GSEP.REGISTRAR@touro.edu Phone: (718) 301 2030 E-mail: GSEP.REGISTRAR@touro.edu Phone: (631) 665 1600 ext. 6268 Fax: (646) 495 3880
New York School of Career & Applied Sciences (NYSCAS)	Main Campus 320 West 31st Street - Suite 131 New York, NY 10001 Flatbush Campus 1602 Avenue J Brooklyn, NY 11230 Kings Highway Campus 1726 Kings Highway Brooklyn, NY 11229 Neptune Campus 360 Neptune Avenue Brooklyn, NY 11235	E-mail: help@touro.edu Phone: (212) 463 0400 ext. 55228, 55328, 55507 Fax: (646) 495 3868 E-mail: help@touro.edu Phone: (718) 252 7800 ext. 59246 Fax: (718) 253 6479 E-mail: help@touro.edu Phone: (718) 336 6471 ext. 30107 Fax: (718) 998 7741 E-mail: help@touro.edu Phone: (718) 265 6534 ext. 58550 Fax: (718) 265 0614, (718) 265 0613
Lander College of Arts & Sciences <i>- Institute of Professional Studies</i> <i>- School of Lifelong Education</i>	Flatbush Campus 1602 Avenue J Brooklyn, NY 11230	E-mail: help@touro.edu Phone: (718) 252 7800 ext. 58550, 59246 Fax: (718) 253 6479
Lander College for Men	Flushing Campus 75-31 150th St Flushing, NY 11367	E-mail: help@touro.edu Phone: (718) 820 4928 Fax: (718) 820 4927
Lander College for Women	Midtown Campus 227 W 60th St New York, NY 10023	E-mail: help@touro.edu Phone: (212) 287 3520 Fax: (646) 495 3810
School of Health Sciences	Main Campus (Manhattan Programs) 320 West 31st Street - Suite 131 New York, NY 10001 Bay Shore Campus (Bay Shore Programs) 1700 Union Blvd # A Bay Shore, NY 11706 Flatbush Campus (Speech Pathology and Nursing Programs) 1602 Avenue J Brooklyn, NY 11230	E-mail: help@touro.edu Phone: (212) 463 0400 ext. 55544 Fax: (646) 495 3868 E-mail: help@touro.edu Phone: (631) 665 1600 ext. 6268 Fax: (646) 495 3880 E-mail: help@touro.edu Phone: (718) 252 7800 ext. 59377 Fax: (718) 253 6479
Touro College of Osteopathic Medicine	Harlem Campus 2090 Adam Clayton Powell Jr. Blvd, Suite 519 H-G New York, NY 10027 Middletown Campus 60 Prospect Ave Middletown, NY 10940	Phone: (212) 851 1199 ext. 42587 Phone: (212) 851 1199 ext. 42568 E-mail: help@touro.edu Fax: (212) 851 1183 Phone: (845) 648 1000 x 60108 E-mail: help@touro.edu
Touro College of Pharmacy	Harlem Campus 2090 Adam Clayton Powell Jr. Blvd, Suite 519 New York, NY 10027	Phone: (212) 851 1199 ext. 42587 Phone: (212) 851 1199 ext. 42568 E-mail: help@touro.edu Fax: (212) 851 1183