

Alfred State

SUNY College of Technology

Health and Wellness Services
TA Parish Hall
10 Upper College Drive
Alfred, NY 14802
607-587-4200
healthandwellness@alfredstate.edu

NORTHLAND STUDENT IMMUNIZATION COMPLIANCE FORM

Last Name	First	Middle	Student ID #:
Date of Birth		Phone Number	
Permanent Address (Number and Street)		City or Town	State Zip Code
Emergency Contact Name		Relationship	Telephone Number

IMMUNIZATION RECORDS (Required)

Please attach a copy of your immunization record from a previous school, health care provider or government agency. This immunization record MUST contain proof of the following:

- Measles, Mumps and Rubella (MMR) - two doses OR Titer dates and results.

MENINGITIS INFORMATION (Required)

____ I have received the immunization for meningitis within the past 10 years. Date received: _____

____ I acknowledge the risks associated with meningitis and decline immunization.

Signed (Student, if 18 or older): _____ Date: _____

Signed (Parent or Guardian, if under 18): _____ Date: _____