

SUNY New Paltz Student Health Service

Immunization Response Form for Varsity Student-Athletes

The University Health Service strongly recommends the following vaccines for all student-athletes. New York State Law requires compliance with the MMR law.

Check one box and sign below, after reading the Vaccine Information Statement (VIS) regarding tetanus, diphtheria and pertussis immunization from the Centers for Disease Control and Prevention (CDC):

<http://www.cdc.gov/nip/publications/VIS/vis-td.pdf>

I have read, or have had explained to me, the information regarding tetanus, diphtheria and pertussis diseases. I understand the risks of not receiving the vaccine. I have decided that I *(my child) will not obtain immunization against tetanus, diphtheria, and pertussis.

*Signed _____ Date _____

After reading the VIS from the CDC regarding hepatitis B immunization, check one box and sign below:

<http://www.cdc.gov/nip/publications/VIS/vis-hep-b.pdf>

I have read, or have had explained to me, the information regarding hepatitis B disease. I understand the risks of not receiving the vaccine. I have decided that I *(my child) will not obtain immunization against hepatitis B.

*Signed _____ Date _____

After reading the SHS information sheet regarding mumps disease and the current nationwide outbreak of mumps, and the recommendation for a second MMR vaccination, check one box and sign below:

<http://www.cdc.gov/nip/publications/VIS/vis-mmr.pdf>

I have read, or have had explained to me, the information regarding mumps disease. I understand the risks of not receiving a second MMR vaccine. I have decided that I *(my child) will not obtain this recommended extra immunization against the mumps virus.

*Signed _____ Date _____

*To be completed and signed by Parent /Guardian if student-athlete is a MINOR:

Parent/guardian name: _____

Student Name: _____ Date of Birth: _____

Social Security #: _____ Telephone #: _____ E-mail: _____

Mailing Address: _____