

IMMUNIZATION FORM

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](mailto:help@touro.edu) using Touro e-mail address. Questions can be directed to [help@touro.edu](mailto: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

Vaccination Date		Measles	Rubella	Mumps	or Combined MMR
		____/____/____	____/____/____	____/____/____	____/____/____
	Dose 1				
	Dose 2	____/____/____	____/____/____	____/____/____	____/____/____
Disease history (Date of Onset)		____/____/____	____/____/____	____/____/____	____/____/____
		____/____/____	____/____/____	____/____/____	____/____/____
Serology Date and Results (Indicate + or –) Include copy of lab report		____/____/____	____/____/____	____/____/____	____/____/____
		_____	_____	_____	_____
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](mailto: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](mailto: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.
- **MedicalExemption** -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
<input type="checkbox"/> Measles – _____	____/____/____
<input type="checkbox"/> Mumps – _____	____/____/____
<input type="checkbox"/> Rubella – _____	____/____/____

_____ Health Practitioner’s Signature	_____ Name /Title	_____ Date
_____ Clinic / Address		_____ Phone Number

## CONTACT INFORMATION

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

SCHOOL	CONTACT INFORMATION	REGISTRAR'S OFFICE ADDRESS
Graduate School of Business Graduate School of Jewish Studies Graduate School of Social Work Graduate School of Technology	Cross River Campus at 3 Times Square 202 43rd Street – Suite 314 New York, NY 10036	Phone: (212) 463 0400 ext. 55371, 55206 Phone: (212) 463 0400 ext. 55206, 55291 Phone: (212) 463 0400 ext. 55639 Phone: (212) 463 0400 ext. 55507  E-mail: help@touro.edu Fax: (646) 495 3868
Graduate School of Education	Cross River Campus at 3 Times Square 202 43rd Street – Suite 314 New York, NY 10036  Brooklyn Campus 946 Kings Highway Brooklyn, NY 11223  Central Islip Campus 225 Eastview Drive Central Islip, NY 11722	Phone: (212) 463 0400 ext. 55507, 55371, 55206 E-mail: GSEP.REGISTRAR@touro.edu Fax: (646) 495 3868  Phone: (718) 301 2030 E-mail: GSEP.REGISTRAR@touro.edu  Phone: (631) 665 1600 ext. 6268 E-mail: GSEP.REGISTRAR@touro.edu Fax: (646) 495 3880
New York School of Career & Applied Sciences (NYSCAS)	Cross River Campus at 3 Times Square 202 43rd Street – Suite 314 New York, NY 10036  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	Phone: (212) 463 0400 ext. 55328, 55507 E-mail: help@touro.edu Fax: (646) 4953868  Phone (718) 252 7800 ext. 59246 E-mail: help@touro.edu Fax: (718) 253 6479  Phone: (718) 336 6471 ext. 30107 E-mail: help@touro.edu Fax: (718) 998 7741  Phone: (718) 265 6534 ext. 58550 E-mail: help@touro.edu Fax: (718) 265 0614, (718) 265 0613
Lander College of Arts & Sciences -Institute of Professional Studies -School of Lifelong Education	Flatbush Campus 1602 Avenue J Brooklyn, NY 11230	Phone: (718) 252 7800 ext. 58550, 59246 E-mail: help@touro.edu Fax: (718) 253 6479
Lander College for Men	Kew Garden Hills Campus 75-31 150th Street Kew Garden Hills, NY 11367	Phone: (718) 820 4928 E-mail: help@touro.edu Fax: (718) 820 4927
Lander College for Women	Midtown Campus 227 W 60th Street New York, NY 10023	Phone: (212) 287 3520 E-mail: help@touro.edu Fax: (646) 495 3810
School of Health Sciences	Cross River Campus at 3 Times Square (Manhattan Programs) 202 43rd Street – Suite 314 New York, NY 10036  Central Islip Campus 225 Eastview Drive Central Islip, NY 11722  Flatbush Campus (Speech Pathology and Nursing Programs) 1602 Avenue J Brooklyn, NY 11230	Phone: (212) 463 0400 ext. 55165, 55639 E-mail: help@touro.edu Fax: (646) 495 3868  Phone: (631) 665 1600 ext. 66268 E-mail: help@touro.edu Fax: (646) 495 3880  Phone: (718) 252 7800 ext. 59377 E-mail: help@touro.edu Fax: (718) 253 6479
Touro College of Dental School	Valhalla Campus 40 Sunshine Cottage Road Suite 127 Valhalla, NY 10595	Phone: (914) 594 4495 E-mail: Registrar@nymc.edu Fax: (914) 594 3752
Touro College of Osteopathic Medicine	Harlem Campus 230 W. 125th St, Suite 432/433 New York, NY 10027  Middletown Campus 60 Prospect Ave Middletown, NY 10940  Montana Campus 2801 18th Avenue S Great Falls, MT 59405	Phone: (212) 851 1199 ext. 42587, 42568 E-mail: help@touro.edu Fax: (212) 851 1183  Phone: (845) 648 1000 ext. 42587 E-mail: help@touro.edu  Phone: (406) 401 8103 E-mail: registrar.montana@touro.edu
Touro College of Pharmacy	Harlem Campus 230 W. 125th St, Suite 432/433 New York, NY 10027	Phone: (212) 851 1199 ext. 42587, 42568 E-mail: help@touro.edu Fax: (212) 851 1183