Manhattan School of Music

130 CLAREMONT AVENUE, NEW YORK, NY 10027-4698

NEW STUDENT IMMUNIZATION RECORD 2026-2027

DUE DATE: June 1, 2026 for Summer English Study (SES) students. **July 1, 2026** for all other students. **Please see second page for instructions on how to submit documents.**

PART I: STUDENT INFORMATION

Name: _____ **Date of Birth**: _____ /_____ /_____
Last *First* *Middle* *month* *date* *year*

Degree: _____ **Program** (Major): _____

PART II: MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE

Please check appropriate box

☐ I had meningococcal immunization **within the past 5 years** on: month/date/year _____

☐ I have read the information regarding meningococcal disease (provided on reverse). I understand the risks of not receiving the vaccine. I have decided that I (my child) **will not** obtain immunization against meningococcal disease.

Student Signature: _____ **Date:** month/date/year _____
(Parent/Guardian if student is a minor)

PART III: MEASLES, MUMPS, AND RUBELLA IMMUNIZATION REQUIREMENT

To be completed and signed by a healthcare provider

MMR (MEASLES, MUMPS, RUBELLA) *Two doses required at least 28 days apart for all students born after 1957.*

☐ Dose 1 administered at age 12 months or later **Date:** month/date/year _____
☐ Dose 2 administered at least 28 days after first dose **Date:** month/date/year _____

If you have not received combined MMR vaccinations, we require the following:

A. Measles (Rubeola) *If given instead of an MMR – Two doses required at least 28 days apart*

☐ Dose 1 administered at age 12 months or later **Date:** month/date/year _____
☐ Dose 2 administered at least 28 days after first dose **Date:** month/date/year _____
☐ OR History of disease (MUST SUBMIT VERIFICATION FROM A DOCTOR) **Date:** month/date/year _____
☐ OR Antibody Titer of disease (MUST SUBMIT COPY OF LAB REPORT) **Date:** month/date/year _____

B. Mumps *If given instead of an MMR – One dose required*

☐ Dose 1 administered at age 12 months or later **Date:** month/date/year _____
☐ OR History of disease (MUST SUBMIT VERIFICATION FROM A DOCTOR) **Date:** month/date/year _____
☐ OR Antibody Titer of disease (MUST SUBMIT COPY OF LAB REPORT) **Date:** month/date/year _____

C. Rubella *If given instead of an MMR – One dose required*

☐ Dose 1 administered at age 12 months or later **Date:** month/date/year _____
☐ OR Antibody Titer of disease (MUST SUBMIT COPY OF LAB REPORT) **Date:** month/date/year _____

INSTRUCTIONS

Every student must submit complete immunization documentation before they may enroll at Manhattan School of Music.

- Students may email the form to us directly at admission@msmnyc.edu, *if the form is signed and stamped by a doctor.*
- Doctors' offices may send this form to the Admission Office by email at admission@msmnyc.edu or by fax, with a cover sheet, at (917) 493-4436.
- All supporting documentation must be stamped and signed by a hospital, medical provider, or in the case of prior high school or university records, stamped and signed by an official of that institution.
- Digital documents are preferred. However, if you are only able to submit physical documents, you may send your materials to:

  Office of Admission
  Manhattan School of Music
  130 Claremont Avenue
  New York, NY 10027

HEALTH CARE PROVIDER INFORMATION

HEALTH CARE OFFICE STAMP HERE

Health Care Provider's Name _____

Health Care Provider's Signature _____

Date month/date/year _____ **License Number** _____

Address_____

City _____ **State** _____ **Zip Code** _____ **Country** _____

Office Phone _____ **Office Fax** _____

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Meningococcal Disease Information for College Students and Parents/Guardians

New York State Public Health Law (NYS PHL) §2167 requires institutions, including colleges and universities, to distribute written information about meningococcal disease and vaccine to all students meeting enrollment criteria, whether they live on or off campus.

Meningococcal disease is rare. However, when it strikes, flu-like symptoms appear suddenly and can make diagnosis difficult. Meningococcal disease can cause serious illness such as infections in the lining of the brain (meningitis) or blood infections (sepsis). The disease can lead to severe and permanent disabilities, such as hearing loss, brain damage, seizures, and can even lead to death.

Meningococcal disease can be easily spread from person-to-person by coughing, kissing, sharing beverages, or by spending prolonged time in close contact with someone who is sick or who carries the bacteria. About one in ten people carry meningococcal bacteria in their nose or throat without showing any signs or symptoms of the disease. These people can unknowingly transmit the bacteria. **Keeping up to date with recommended immunizations is the best defense against meningococcal disease**. Maintaining healthy habits, like getting plenty of rest and not having close contact with people who are sick, also helps.

The meningococcal ACQY (MenACWY) vaccine protects against four major strains of bacteria which cause about two-thirds of meningococcal disease in the United States. The MenACWY vaccine is recommended for all U.S. teenagers and young adults up to age 21 years. Protection from the MenACWY vaccine is estimated to last about 3 to 5 years, so young adults who receive the MenACWY vaccine before their 16th birthday should get a booster dose before entering college. The meningococcal B (MenB) vaccine protects against a fifth type of meningococcal disease, which accounts for about one-third of the cases in the U.S. Young adults aged 16 through 23 years may choose to receive the MenB vaccine series. They should discuss the MenB vaccine with a healthcare provider.

New York State Public Health Law 2165

New York State Health Law 2165 requires college and graduate students born on or after 1 January 1957 to demonstrate proof of immunity against measles, mumps, and rubella. Those born before 1957 do not need to submit proof of immunization. Proof of immunity consists of an official record of immunization or letter from a doctor on his/her stationery detailing immunization history. All documents must include a signature (not a stamp) of the appropriate health official and include dates (month/day/year) of the immunizations.

Disease Fact Sheets are located on the Center for Disease Control Website

For more information about meningococcal disease, please visit:
https://www.cdc.gov/meningococcal/downloads/17-275138A-MeningococcalDis-FS.pdf

For more information about measles, mumps, and rubella, please visit:
https://www.immunize.org/vis/mme03.pdf

Exemptions:

1. Persons may be exempt if a physician certifies in writing that the immunizations/vaccines may be detrimental to their health. Doctor must state when it will be safe for the student to receive the immunizations at a later time.

2. Persons who object to immunization due to their religious beliefs may be considered for an exemption if they submit a signed statement explaining how their beliefs prevent them from being vaccinated.

OFFICE OF ADMISSION, MANHATTAN SCHOOL OF MUSIC | 130 CLAREMONT AVE, NEW YORK, NEW YORK 10027-4698
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