

JTS Immunization Form



INSTRUCTIONS

NOTE for List College Students:

Joint Program Students (Columbia): When you submit your JTS immunization form, we will share it with Columbia University. You don't need to submit a separate form.

Double Degree Students (Barnard): In addition to submitting this form, you must also submit a separate immunization form to Barnard College.

New York State Public Health Law 2165 requires postsecondary students to show immunization against measles, mumps, and rubella. Students born prior to January 1, 1957, are exempt from this requirement.

This immunization form must be signed by your physician and submitted to the JTS Registrar's Office prior to registration.

If you cannot provide records from a physician, then you must receive the vaccinations or have serological tests done to verify immunity. If the serological test fails to show immunity, you will need to be vaccinated.

Please do not submit copies of medical histories or other documents.

You also may claim an exemption from this requirement if you have a bona fide religious prohibition from complying with the immunization law or a bona fide medical reason which would preclude your being vaccinated. In either case, written documentation substantiating your claim must be submitted to the JTS Registrar's Office.

You must also submit this form if you are exempt because of age; however, you only need to enter your date of birth, name, and social security number in the appropriate spaces on the reverse side of this form. You do not need a physician's signature.

Failure to comply with this law will result in you being barred from the residence halls and classroom attendance.

If you have any questions regarding these immunization requirements, please contact our office at registrar@jtsa.edu or at (212) 678-8007.

Completed forms should be submitted via your admissions portal (admissions.jtsa.edu/status).

JTS Immunization Form



STUDENT INFORMATION

Last name: _____ First name: _____ Date of birth (mm-dd-yy): _____

Social security number: _____ JTS school: _____

REQUIRED IMMUNIZATION DATA (NYS PUBLIC HEALTH LAW 2165)

MUMPS Date of illness: _____

or Date of immunization: _____

or Date of antibody titer: _____ Results: _____

MEASLES Date of illness: _____

or Date of immunization #1: _____ Date of immunization #2: _____

Dates of immunization (both MUST BE after 1968; #1 MUST BE 12 months from birth or later and #2 MUST BE at least one month from the first)

or Date of antibody titer: _____ Results: _____

RUBELLA Date of immunization: _____

or Date of antibody titer: _____ Results: _____

Note: diagnosis of the disease is not acceptable.

M.M.R. Date of immunization #1 (MUST BE 12 months from birth or later but before five years of age): _____

(MEASLES, MUMPS, AND RUBELLA) and Date of immunization #2 (MUST BE at least one month from the first): _____

PHYSICIAN'S INFORMATION

Physician's name (please print): _____

Physician's address: _____

City: _____ State/Prov.: _____ ZIP/Postal code: _____

Country: _____

Phone number: _____ Email: _____

Physician's signature: _____ Date: _____

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