

## INSTRUCTIONS FOR SUBMISSION OF HEALTH/CERTIFICATE OF IMMUNIZATION FORMS

**All incoming students must complete the following forms by June 1 for Fall entering students or by December 15 for Spring entering students**  
**Failure to meet this requirement will place holds that block you from registering for your courses.**

### Complete the following Medical/Health History online:

- **Medical/Health History/Tuberculosis Questionnaire**

The Medical/Health History/Tuberculosis Questionnaire, must be completed online, via our Patient Portal. The tuberculosis assessment is included in this form and must be completed.

To access the Patient Portal log onto <https://myhealth.binghamton.edu>. You'll need your Binghamton University computer account username and password.

Once logged in, select FORM near the top. Select and complete the Medical/Health History Form.

### Download, print, complete and submit the following:

- **Certificate of Immunization**

- Record of 2 MMR's (or documentation of 2 Measles, 1 Mumps, and 1 Rubella) is required by New York State law for entrance into Binghamton University
- Completion of this form is required IN ADDITION TO the requirement that **official documentation\*** of your immunization history is sent to us as indicated below.

- **Meningitis Information Response Form**

- **Under 18 Consent Form**

Forms may be submitted in **ONE** of the following ways:

Mail:

Decker Student Health Services Center  
Binghamton University  
P.O. Box 6000  
Binghamton, NY 13902-6000 USA.

Upload:

Via the Patient Portal (<https://myhealth.binghamton.edu>)

You can scan and upload your documents by clicking on UPLOAD at the top of the Patient Portal and follow instructions.

You can find out more information about Health Services at <http://www2.binghamton.edu/health/new-students.html>

**\*Official Documentation:** Documents including physician-verified history of disease, laboratory evidence of immunity (titers), personal records, (i.e., baby book with official medical provider's signature or office stamp), or medical exemption. Other acceptable documents include a copy of the immunization record from a prior school (high school or college), a migrant health record, a union health record, a community health plan record, a signed immunization transfer card, a military dependent's "shot" record, the immunization portion of a passport, an immunization record card signed by a physician, physician assistant or nurse practitioner, or an immunization registry record.

**CERTIFICATE OF IMMUNIZATION**

Decker Student Health Services Center  
Phone: 607-777-2221  
Fax: 607-777-2881  
<https://myhealth.binghamton.edu>

Last Name:		First Name:	
BNumber:	Local Phone:	Permanent Phone:	Date of Birth (mm/dd/yy):
<b>REQUIRED IMMUNIZATIONS</b>			
<b>Measles, Mumps, Rubella</b> For all born after 12/31/1956, 2 doses (dose 1 must be administered at least 361 days after birth and 2 <sup>nd</sup> dose given a minimum of 4 weeks later) or a blood test showing immunity. <b>Please attach any titer documentation.</b>		<b>1<sup>st</sup> MMR Dose</b> ____/____/____ Month Day Year	<b>2<sup>nd</sup> MMR Dose</b> ____/____/____ Month Day Year
		<b>3<sup>rd</sup> MMR Dose</b> ____/____/____ Month Day Year	
<b>Measles Dose 1</b> ____/____/____ Month Day Year	<b>Measles Dose 2</b> ____/____/____ Month Day Year	<b>Mumps Dose 1</b> ____/____/____ Month Day Year	<b>Rubella Dose 1</b> ____/____/____ Month Day Year
<b>Meningococcal</b> (serogroups A, C, W, Y) If you have not entered an administration date that is within 5 years for the Meningococcal Vaccine (serogroup A, C, W, Y) you must acknowledge that you have reviewed the meningitis disease vaccine information <a href="http://www.binghamton.edu/health/meningitisinformation.pdf">http://www.binghamton.edu/health/meningitisinformation.pdf</a> and, with your below signature, acknowledge that you are aware of the meningococcal disease risks and that you decline the meningococcal meningitis immunization.		____/____/____ Month Day Year	<input type="checkbox"/> Menactra <input type="checkbox"/> Menveo <input type="checkbox"/> MCV4 (A, C, Y, W-135) <input type="checkbox"/> Other  <input type="checkbox"/> Menactra <input type="checkbox"/> Menveo <input type="checkbox"/> MCV4 (A, C, Y, W-135) <input type="checkbox"/> Other
_____ Signature of Student or Parent/Guardian if Student is Under 18 Years of Age			
<b>Tuberculosis</b> BINGHAMTON UNIVERSITY DOES NOT ACCEPT TB SKIN TEST (PPD) RESULTS PLACED BY PROVIDERS OUTSIDE THE UNITED STATES OR CANADA. Please go to <a href="http://www2.binghamton.edu/health/new-students.html">http://www2.binghamton.edu/health/new-students.html</a> for information regarding this requirement.			
<b>NON-REQUIRED IMMUNIZATIONS</b>			
<b>Tetanus-Diphtheria and Pertussis</b> Record date and type of <u>most recent</u> tetanus-diphtheria vaccine.		____/____/____ Month Day Year	<input type="checkbox"/> Tdap <input type="checkbox"/> Td
<b>Gardasil HPV Vaccine</b>	<b>Dose 1</b> ____/____/____ Month Day Year	<b>Dose 2</b> ____/____/____ Month Day Year	<b>Dose 3</b> ____/____/____ Month Day Year
<b>Hepatitis B Vaccine</b>	<b>Dose 1</b> ____/____/____ Month Day Year	<b>Dose 2</b> ____/____/____ Month Day Year	<b>Dose 3</b> ____/____/____ Month Day Year
<b>Varicella Vaccine (Chicken Pox)</b>	<b>Dose 1</b> ____/____/____ Month Day Year	<b>Dose 2</b> ____/____/____ Month Day Year	<b>Illness</b> ____/____/____ Month Day Year
<b>Hepatitis A Vaccine</b>	<b>Dose 1</b> ____/____/____ Month Day Year	<b>Dose 2</b> ____/____/____ Month Day Year	
<b>Meningococcal Vaccine</b> (serogroup B)	<b>Dose 1</b> ____/____/____ Month Day Year	<b>Dose 2</b> ____/____/____ Month Day Year	<b>Dose 3</b> ____/____/____ Month Day Year <input type="checkbox"/> Bexsero <input type="checkbox"/> Trumenba
<b>Health Care Provider Information</b>			
Provider Name (Please Print):		Title:	
Signature:	Phone:	Date: ____/____/____ Month Day Year	
Address:			