

Name _____ Date of Birth _____



Vaccination Documentation

Vaccinations require additional proof of receipt, attach necessary documents.

Measles/Mumps/Rubella (MMR)

Option 1: MMR Vaccination

Dose Date (1) _____ Dose Date (2) _____

Option 2: Titers

Measles Titer Date _____ Result: _____

Mumps Titer Date _____ Result: _____

Rubella Titer Date _____ Result: _____

Attach copies of laboratory results for titers.

Meningitis

Vaccinations must have been received within five (5) years of submission.

Option 1: Menomune™ (MPSV4) Vaccine

Dose Date: _____

Option 2: I have had the Menactra™ (MCV4) Vaccine

Dose Date: _____

Option 3: I have had the Meningococcal B Vaccine (2-dose)

Dose Date (1) _____ Dose Date (2) _____

Option 4: Waiver

I will not obtain immunization against meningococcal meningitis disease. I have read, or have had explained to me, the information regarding meningococcal meningitis disease.

I understand the risks of not receiving the vaccine.

Waiver Signature _____

Please Upload to Student Wellness Portal: <https://tompkinscortland.studenthealthportal.com>

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**Vaccination Documentation
Continued**

OPTIONAL: COVID-19 Vaccination

Dose 1:

Date: _____ Manufacturer: _____

Dose 2:

Date: _____ Manufacturer: _____

Dose 3:

Date: _____ Manufacturer: _____

Two Weeks before Start of Semester, upload this document to the Student Wellness Portal with all supporting documentation. Link: <https://tompkinscortland.studenthealthportal.com>; you will need Student ID # and Email for New Registrants. Alternatively, mail to: TC3 Health Services, Tompkins Cortland Community College, 170 North St, PO Box 139, Dryden NY, 13053-0139. Or fax to: 607-844-6533, print clearly on the fax cover sheet: Student's Name, and DOB.