

SUBMIT COMPLETED FORM TO: Housing@cityu.edu or provide in person upon arrival.

STUDENT INFORMATION

Full Name: _____ Student ID _____
Last First M.I.

Date of Birth: MM/DD/YY _____ Quarter of Start: Fall Winter Spring Summer

REQUIRED VACCINES & INOCULATIONS FOR THE RESIDENCE HALL

Must be completed by a Physician. Please give dates (MMDDYY) of all vaccinations or inoculations. See following for the full policy. Either two doses of MMR or Measles with one dose of Rubella and required Meningitis vaccine.

Meningitis: _____

1st COVID-19: _____ 2nd COVID-19: _____ Check if one dose equals full vaccination

1st MMR: _____ **OR** 1st Measles: _____ Rubella: _____

2nd MMR: _____ 2nd Measles: _____ Mumps: _____

MEDICAL EXEMPTION

I certify that the person named above has a medical reason not to be inoculated. Describe below.

RECOMMENDED VACCINATIONS AND INOCULATIONS FOR THE RESIDENCE HALL

Please give dates (MMDDYY) of all vaccinations or inoculations.

Tetanus-Diphtheria: _____ Varicella 1st Dose: _____ Polio 1st Dose: _____

DTap: _____ Varicella 2nd Dose: _____ Polio 2nd Dose: _____

DTP and booster w/Td: _____ Influenza: _____ Polio 3rd Dose: _____

Polio 4th Dose: _____

SIGNATURE

I reviewed the history of this patient as reported above and find it to be complete and accurate to the best of my knowledge.

Physician Name (print) Date: _____

Physician Signature Phone: _____



Physician's Office Stamp