NEW YORK FILM ACADEMY

College of Visual and Performing Arts

PERSONAL DATA

Full name (Print) _____

Date of Birth _____ Email Address _____

Gender ☐ Male ☐ Female ☐ Gender Nonconforming

Race/Ethnicity ☐ American Indian ☐ Asian ☐ Black ☐ Latino/a/x

(check all that apply) ☐ Native Hawaiian/Pacific Islander ☐ White ☐ Other ☐ Prefer Not To Answer

NYFA STUDENT IMMUNIZATION RECORD

In compliance with state laws and public health recommendations, all students enrolled in One-Year, Two-Year, AFA, BA, BFA, MA and MFA programs (for the NY campus, also students attending 8-Week Acting for Film, 8-Week Photography, and 8-Week Producing) born on or after January 1, 1957, must submit **30 DAYS PRIOR TO THE FIRST DAY OF ORIENTATION** proof of immunization for measles, mumps, and rubella. **This form must be verified, signed, and stamped by your healthcare provider.** Please know that if a multi-dose vaccination series has been started prior to your arrival at NYFA, but has not been completed, NYFA does not have a Student Health Service, and the vaccination series will need to be completed by a private health care provider or by the Department of Health clinics in NY, LA, or South Beach. Any second dose of MMR vaccine must be administered no sooner than 28 days after date of initial dose.

COMBINED MEASLES, MUMPS AND RUBELLA (MMR)

☐ Dose 1: At 12 months of age or older(provide month and year) **and** Date _____

☐ Dose 2: At least 28 days after Dose 1 and after age 15 months (provide month and year) Date _____

OR

MEASLES (Rubeola, Red Measles or Ten-Day Measles)- both doses of vaccine or positive antibody titer

☐ Dose 1: At 12 months of age or older (provide month and year) **and** Date _____

☐ Dose 2: At least 28 days after Dose 1 (provide month and year) **or** Date _____

☐ Physician's diagnosis of disease (confirmed by office record) **or** Date _____

☐ Positive antibody titer (include copy of lab results) Date _____

AND

MUMPS - one dose of vaccine or a positive antibody titer

☐ Dose 1: At 12 months of age or older (provide month and year) **or** Date _____

☐ Physician's diagnosis of disease (confirmed by office record) **or** Date _____

☐ Positive antibody titer (include copy of lab results) Date _____

AND

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RUBELLA (German Measles or Three-Day Measles)- one dose of vaccine or a positive antibody titer

☐	Dose 1: At 12 months of age or older (provide month and year) **or**	Date _____
☐	Physician's diagnosis of disease (confirmed by office record) **or**	Date _____
☐	Positive antibody titer (include copy of lab results)	Date _____

HIGHLY RECOMMENDED VACCINATIONS (not required)

1. Hepatitis B (Hep B): All incoming students must carefully read the Hepatitis **Vaccination Information Sheet** provided in the acceptance packet.
2. Meningococcal (Meningitis): All incoming students must carefully read the **Meningococcal (Meningitis) Information Sheet** provided in the acceptance packet. Incoming students must also complete the **Meningococcal Response Form**, verifying meningitis vaccination or declining meningitis vaccination.

RECOMMENDED VACCINATIONS (not required)

1. Tuberculosis Screening
2. Varicella (Chickenpox)
3. Polio
4. Hepatitis A
5. Tetanus-Diptheria-Pertussis
6. HPV (Gardisil)

For Information on where to get required and recommended Immunizations:
https://www.hhs.gov/immunization/get-vaccinated/index.html

TO BE COMPLETED BY HEALTH CARE PROVIDER (MD, PA, or NP)

By signing this document I verify that the student's immunization record, as noted in this record, is fully accurate.

_____
Health Care Provider Printed Name, Degree, License #

_____
Health Care Provider's Signature

_____ _____
Address and Telephone Provider's Stamp

PLEASE UPLOAD COMPLETED FORMS AND/OR VACCINE RECORDS TO THE

▸ **NYFA APPLICANT PORTAL**

Please direct all questions via email to the addresses noted below:
SB Students: immunizationsSB@nyfa.edu
LA Students: immunizationsLA@nyfa.edu
NY Students: immunizationsNY@nyfa.edu