

# NEW YORK FILM ACADEMY

## NOTIFICATION OF NONCOMPLIANCE: IMMUNIZATION REQUIREMENTS

TO: STUDENT NAME

FROM: IMMUNIZATIONS EMAIL

As of DATE, you are not in compliance with the NYFA Immunization Policy on account of the following:

- \_\_\_\_\_ Student Immunization Record submitted is not signed by a physician, nurse practitioner, or physician's assistant.
- \_\_\_\_\_ Student Immunization Record submitted is not stamped.
- \_\_\_\_\_ Document submitted does not offer specific and clear proof of Immunization against Mumps, Measles, Rubella (MMR).
- \_\_\_\_\_ Document submitted does not qualify as proof of MMR immunization, as described in the NYFA Immunization Policy.
- \_\_\_\_\_ Meningococcal Response Form is not signed/dated.
- \_\_\_\_\_ You are under age 18 and the Meningococcal Response Form is not signed/dated by a parent or legal guardian.
- \_\_\_\_\_ Letter in support of medical exemption is not written and/or not signed by a licensed physician, nurse practitioner or midwife.
- \_\_\_\_\_ Letter submitted in request of religious exemption does not meet criteria, as defined in the NYFA Immunization Policy.
- \_\_\_\_\_ Other \_\_\_\_\_

Please submit the necessary documents needed to demonstrate compliance with the NYFA Immunization Policy on or before DATE.

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**Noncompliance with the NYFA Immunization Policy within 30 days of your program registration date may result in dismissal.**

In signing this document, I acknowledge that:

1. I have been informed of my compliance status in regard to the NYFA Immunization Policy and NY State Law,
2. I know what I must do to demonstrate compliance with NY State Law and the NYFA Immunization Policy, and
3. I understand that should I not correct the problems noted on this document on or before designated deadline, I will be subject to dismissal.

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Student's Name (print)

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Student's Name (signature)

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Date

**Should you need help in getting vaccinated against MMR please notify Registrar immediately.** We want to assist you in meeting NYFA's health requirements and remaining enrolled in your program.