



Immunization Form

Students born on or after January 1, 1957 must provide a certificate of immunity (or immunization) to measles, mumps and rubella, such as: a laboratory copy of the results of MMR (positive) serology tests, or an official health record documenting MMR immunity OR complete this form.

PERSONAL INFORMATION (To be completed by the student)

Name _____ / ____ / ____
First Last Middle (complete) Date of Birth

Social Security Number _____ Touro I.D. (if any) _____ Prog/Ext _____

MAILING ADDRESS

Number and Street Apartment # City State Zip/Postal Code

Phone (____) _____ Email _____

To be completed and signed by the health practitioner only.

VACCINATION RECORD*

		Measles	Mumps	Rubella	or Combined MMR
Vaccination Date <small>(Two doses required for Measles or MMR)</small>	Dose 1	____/____/____	____/____/____	____/____/____	____/____/____
	Does 2	____/____/____	____/____/____	____/____/____	____/____/____
Disease history <small>(Date of Onset)</small>		____/____/____	____/____/____	____/____/____	____/____/____
Serology Date and Results <small>(Indicate + or -) Include copy of lab report</small>		____/____/____	____/____/____	____/____/____	____/____/____
		____/____/____	____/____/____	____/____/____	____/____/____
Scheduled Date for Dose 2		____/____/____			____/____/____

* **Vaccination Guidelines:** MMR—First dose administered after the first birthday **and** after 1/1/1972. Measles—First Live Virus Dose administered after first birthday and Second Live Virus Dose administered at least 28 days after the first dose. Mumps and Rubella—Live Virus Dose administered after first birthday **and** after 1/1/1969. Revaccination is required for MMR, measles, mumps and rubella if vaccinated prior to the stated dates.

MEDICAL EXEMPTION FROM IMMUNIZATION

I certify that it is medically contraindicated for the above named person to be vaccinated for the disease(s) indicated below because of the stated medical reasons. (Reason and expiration date—or state if permanent—required for each disease.)

Check disease(s)—indicate medical reason(s) for contraindication	Valid through date
<input type="checkbox"/> Measles — _____	____/____/____
<input type="checkbox"/> Mumps — _____	____/____/____
<input type="checkbox"/> Rubella — _____	____/____/____

_____ / ____ / ____
Health Practitioner's Signature Name /Title Date

Clinic Address Phone



Meningitis Response Form

Students must provide a Certificate of Immunization for Meningococcal meningitis disease OR complete this form.

What is meningococcal disease?

Meningococcal disease is a severe bacterial infection of the bloodstream or meninges (a thin lining covering the brain and spinal cord.)

Who gets meningococcal disease?

Anyone can get meningococcal disease, but it is more common in infants and children. For some college students, such as freshmen living in dormitories, there is an increased risk of meningococcal disease. Between 100 and 125 cases of meningococcal disease occur on college campuses every year in the United States; between 5 and 15 college students die each year as result of infection. Currently, no data is available regarding whether children at overnight camps or residential schools are at the same increased risk for disease. However, these children can be in settings similar to college freshmen living in dormitories. Other persons at increased risk include household contacts of a person known to have had this disease, and people traveling to parts of the world where meningitis is prevalent.

How is the germ meningococcus spread?

The meningococcus germ is spread by direct close contact with nose or throat discharges of an infected person. Many people carry this particular germ in their nose and throat without any signs of illness, while others may develop serious symptoms.

What are the symptoms?

High fever, headache, vomiting, stiff neck and a rash are symptoms of meningococcal disease. Among people who develop meningococcal disease, 10-15% die, in spite of treatment with antibiotics. Of those who live, permanent brain damage, hearing loss, kidney failure, loss of arms or legs, or chronic nervous system problems can occur.

How soon do the symptoms appear?

The symptoms may appear 2 to 10 days after exposure, but usually within five days.

What is the treatment for meningococcal disease?

Antibiotics, such as penicillin G or ceftriaxone, can be used to treat people with meningococcal disease.

Is there a vaccine to prevent meningococcal meningitis?

Yes, a safe and effective vaccine is available. The vaccine is 85% to 100% effective in preventing four kinds of bacteria (serogroups A, C, Y, W-135) that cause about 70% of the disease in the United States. The vaccine is safe, with mild and infrequent side effects, such as redness and pain at the injection site lasting up to 2 days. After vaccination, immunity develops within 7 to 10 days and remains effective for approximately 3 to 5 years. As with any vaccine, vaccination against meningitis may not protect 100% of all susceptible individuals.

How do I get more information about meningococcal disease and vaccination?

Contact your family physician or your student health service. Additional information is also available on the web sites of the New York State Department of Health, www.health.state.ny.us; the Centers for Disease Control and Prevention, www.cdc.gov/ncid/dbmd/diseaseinfo; and the American College Health Association, www.acha.org.

Check one box and sign below.

I have:

- had the meningococcal meningitis immunization (Menomune™) within the past 10 years.

Date received ____/____/____

{Note: If you received the meningococcal vaccine available before February 2005, called Menomune™, please note this vaccine's protection lasts for approximately 3-5 years. Revaccination with the new conjugate vaccine, called Menactra™, should be considered within 3-5 years after receiving Menomune™.}

- read, or have had explained to me, the information regarding meningococcal meningitis disease. I will obtain immunization against meningococcal meningitis from my private health practitioner or when offered through Touro College.
- read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that I will **not** obtain immunization against meningococcal meningitis disease.

_____ Date ____/____/____
Student's Signature (Parent/Guardian if student is under 18)

_____ Student's Date of Birth ____/____/____
Print Student's Name

_____ Student's ID or Social Security #
Student's E-mail Address

_____ City
Student's Mailing Address Number and Street Apartment

_____ Student's Phone Number (____) _____
State Zip