

TO THE STUDENT:

Please read the information provided about the Meningococcal Meningitis vaccination, give your response, and sign.

Student Immunization: Meningococcal Meningitis

Vaccination not required but recommended for college students; however, student must acknowledge an informed decision to/to not be vaccinated.

TO THE STUDENT: Please read this information from the NY State Department of Health Bureau of Disease Control:

Meningococcal Disease

Information for College Students and Parents of Children at Residential Schools and Overnight Camps

- **What is meningococcal disease?** Meningococcal disease is a severe bacterial infection of the bloodstream or meninges (a thin lining covering the brain and spinal chord).
- **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 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 a result of the infection. Currently, no data are 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 the 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 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 two 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 websites 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.

TO THE STUDENT: New York State Public Health Law requires that all college students in New York complete and return this form to their respective school. Check one of the three lines below, then sign and complete the other information.

- I have had the meningococcal meningitis immunization within the past 10 years; date received: ___/___/___
- I have read the information regarding meningococcal meningitis disease. I will obtain the immunization within 30 days from my private health care provider.
- I have read the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that I will NOT obtain the immunization against meningococcal meningitis disease.

Signed: _____ Date: _____

Student Name (printed): _____ Date of Birth: _____

Student E-mail Address: _____ College ID#: _____

Student Mailing Address: _____ Phone #: _____

NOTICE :

New York State Public Health Law 2165 requires post-secondary students to show protection against measles, mumps, and rubella. Students born prior to January 1, 1957 are exempt. Please note that two doses of measles are required.



Student Immunization Records Form

SECTION I. Student—Please complete and submit to your doctor's office.

PROGRAM

- Bachelor of Science in Organizational Management
- Master of Science Organizational Leadership
- Master of Business Administration

CAMPUS

- Nyack, NY Campus
- New York City Campus
- Other OM Site _____

Last Name: _____ First Name: _____ MI: _____

Phone Numbers: _____ H W C _____ H W C

SS#: _____ Date and Place of Birth: _____

SECTION II. Physician—Please complete this section and return this form to the Admissions Office.

MENINGOCOCCAL MENINGITIS Check appropriate square.

- Immunized with vaccine within the past 10 years. _____/_____/_____
- Not immunized, or immunized more than 10 years ago.

MEASLES, MUMPS, & RUBELLA Document either A or all three portions of B (B1, B2, and B3).

A. M.M.R. (Measles, Mumps, Rubella) If given instead of individual immunizations.

- Dose 1: Immunized at 12 months after birth or later. _____/_____/_____
- Dose 2: Immunized at least 28 days after first immunization. _____/_____/_____

B1. MEASLES (Rubeola) Check appropriate squares. (Must have documentation if born on or after January 1, 1957.)

- 2 doses: Immunized at 12 months of age or later and immunized at least 28 days after the first vaccination. _____/_____/_____
- Has report of immune titer. Specify date of titer. _____/_____/_____
- Had disease; confirmed by office records. _____/_____/_____

B2. RUBELLA Check appropriate square.

- Immunized with vaccine at 12 months of age or later. _____/_____/_____
- Has reported immune titer. Specify date of titer. _____/_____/_____
- Had disease; confirmed by office records. _____/_____/_____

B3. MUMPS Check appropriate square.

- Immunized with vaccine at 12 months of age or later. _____/_____/_____
- Has reported immune titer. Specify date of titer. _____/_____/_____
- Had disease; confirmed by office records. _____/_____/_____

The above information regarding immunization is correct to the best of my knowledge (unsigned forms are considered invalid).

Physician's Name: _____

Signature: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____

Comments by physician: _____