

STUDENT IMMUNIZATION RECORD

For Office Use Only	Semester:
•	FALL
	SPRING
	SUMMER

NAME	E:	First Name	st Name Middle Initial			
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DATE	OF BIRTH: ID Number	: A		PHONE:		
nform have/] rece	NGITIS RESPONSE: Check appropriate box a nation on reverse side of form. Vaccine is optomy child has: eived the meningococcal meningitis immunicative received the vaccine, and have read, or had not receiving the vaccine. I have decided the	tional, but a response is zation within the past 5 decided as a second to me, the in	required. years. Date received: formation (see reverse)	(att	ach Medical Documentation	
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	n must be completed by Health Care Profess			ned and stamped rec	ord from Health Care Prof	
	REQUIRED IMMUNIZATIONS (See requirements for attendance on reverse side of form)	DOSE #1 DATE	DOSE #2 DATE	DOSE #3 DATE	TITER DATE MUST ATTACH LAB RESULTS	
	MMR (measles, mumps, rubella) 2 Doses required MEASLES (Rubeola) 2 Doses required O MUMPS R 1 Dose required RUBELLA (German Measles) 1 Dose required RECOMMENDED IMMUNIZATIONS HEPATITIS B 3 Doses HEPATITIS A 2 Doses VARICELLA (Chickenpox) 2 Doses TDaP (within last 10 years) TD (within last 10 years) HPV 3 Doses INFLUENZA (Flu) annual					
ovider	r Name (printed): r Signature: lumber:		PROVIDER STAN	MP:	For Office Use Only Entered Letter Sent Reviewer NOTES:	

Immunization Requirements for Attendance

New York State Public Health Law Section 2165 requires that Students born on or after January 1, 1957 must submit proof of immunity to measles, mumps, and rubella. Only one of the following is required: The student must submit proof of two doses of live measles, mumps, and rubella vaccine: the first dose given no more than 4 days prior to the student's first birthday and the second at least 28 days after the first dose; **or** the student must submit serological proof of immunity (titer) to measles, mumps, and rubella. This means the demonstration of measles antibodies through a blood test performed by an approved medical laboratory.

Meningococcal Disease

New York State PHL Section 2167 requires post-secondary institutions to distribute information about meningococcal disease and vaccination to the students, or parents or guardians of students under the age of 18. The institution is required to maintain a record of the following for each student: a response to receipt of meningococcal meningitis disease and vaccine information signed by the student or the student's parent or guardian and either a certificate of Immunization for meningococcal meningitis disease; or and an acknowledgement of meningococcal disease risks and refusal of meningococcal meningitis immunization.

For more information: www.health.ny.gov/prevention/immunization/handbook/

What is meningococcal disease? Meningococcal disease is caused by bacteria called Neisseria meningitides. It can lead to serious blood infections. When the linings of the brain and spinal cord become inflamed, it is called meningitis. The disease strikes quickly and can have serious complications, including death. Anyone can get meningococcal disease.

Who is at risk? This disease occurs more often in people who are: teenagers or young adults, infants younger than one year of age, living in crowded settings, such as college dormitories or military barracks, traveling to areas outside of the United States, such as the "meningitis belt" in Africa, Living with a damaged spleen or no spleen, Being treated with Soliris® or, who have complement component deficiency (an inherited immune disorder), Exposed during an outbreak, working with meningococcal bacteria in a laboratory

What are the symptoms? Symptoms appear suddenly – usually 3 to 4 days after a person is infected. It can take up to 10 days to develop symptoms. Symptoms may include: A sudden high fever, Headache, Stiff neck (meningitis), Nausea and vomiting, Red-purple skin rash, Weakness and feeling very ill, Eyes sensitive to light.

How is meningococcal disease spread? It spreads from person-to-person by coughing or coming into close or lengthy contact with someone who is sick or who carries the bacteria. Contact includes kissing, sharing drinks, or living together. Up to one in 10 people carry meningococcal bacteria in their nose or throat without getting sick.

Is there treatment? Early diagnosis of meningococcal disease is very important. If it is caught early, meningococcal disease can be treated with antibiotics. But, sometimes the infection has caused too much damage for antibiotics to prevent death or serious long-term problems. Most people need to be cared for in a hospital due to serious, life-threatening infections.

What are the complications? Ten to 15 percent of those who get meningococcal disease die. Among survivors, as many as one in five will have permanent disabilities. Complications include: hearing loss, brain damage, kidney damage, limb amputations.

What should I do if I or someone close to me is exposed? If you are in close contact with a person with meningococcal disease, talk with your health care provider about the risk to you and your family. They can prescribe an antibiotic to prevent the disease.

What is the best way to prevent meningococcal disease? The single best way to prevent this disease is to be vaccinated. Vaccines are available for people 6 weeks of age and older. Various vaccines offer protection against the five major strains of bacteria that cause meningococcal disease. All teenagers should receive two doses of vaccine against strains A, C, W and Y. The first dose is given at 11 to 12 years of age, and the second dose (booster) at age 16. It is very important that teens receive the booster dose at age 16 in order to protect them through the years when they are at greatest risk of meningococcal disease. Teens and young adults can also be vaccinated against the "B" strain. Talk to your health care provider if you have not received two doses of vaccine against meningococcal strains A, C, W and Y or against the "B" strain.

Who else should receive the vaccine? Infants, People with certain medical conditions, People exposed during an outbreak, Travelers to the "meningitis belt" of sub-Saharan Africa, Military recruits. Please speak with your health care provider if you may be at increased risk.

What are the meningococcal vaccine requirements for school attendance? As of September 1, 2016, children entering grades 7 and 12 must be immunized against meningococcal disease strains A, C, W and Y according to the recommendations listed above.

Is there an increased risk for meningococcal disease if I travel? Meningococcal disease and outbreaks occur in the United States and around the world. The disease is more common in the "meningitis belt" of sub-Saharan Africa. The risk is highest in people who visit these countries and who have prolonged contact with local populations during an epidemic. To reduce your risk of illness, wash your hands often, maintain healthy habits such as getting plenty of rest and try not to come into contact with people who are sick.

Travel and meningococcal disease:

wwwnc.cdc.gov/travel/diseases/meningococcal-disease

Learn more about meningococcal disease:

www.cdc.gov/meningococcal/

For more information about vaccine-preventable diseases: www.health.ny.gov/prevention/immunization/