

STUDENT IMMUNIZATION RECORD



Middletown Campus 115 South Street, Middletown, NY 10940
 Newburgh Campus 1 Washington Center, Newburgh, NY 12550
immunizations@sunyorange.edu
 Phone (845) 341-4870 • Fax-845-341-4872

Student ID:

Part 1: Student Information: To be completed by the student

Name (please print) _____
Last name First name Middle Initial

Date of Birth	A #	Phone Number
____ / ____ / ____ <small>mm dd yyyy</small>	A ____ - ____ - ____ - ____	(____) _____

Part 2: MENINGITIS RESPONSE: To be completed by student or parent/guardian for minor
 Please read **Meningitis Information** on reverse side of form. Vaccine is optional, but a response is required. **Check appropriate box and sign:**

I have/my child has:
 received the meningococcal meningitis immunization **within the past 5 years**
 Not received the vaccine, and have read, or had explained to me, the information (*see reverse*) regarding meningococcal disease. I understand the risk of not receiving the vaccine. I have decided that **I will not obtain immunization** against Meningitis disease at this time.

SIGNED: _____ DATE _____

Part 3: Immunizations: To be completed by Health Care Professional (MD, PA, NP)

REQUIRED IMMUNIZATIONS <small>(See requirements for attendance on reverse side of form)</small>	DOSE #1 DATE	DOSE #2 DATE	DOSE #3 DATE	TITER DATE <small>(MUST ATTACH LAB RESULTS)</small>
MMR (measles, mumps, rubella) <i>2 Doses required</i>				
OR	MEASLES (Rubeola) <i>2 Doses required</i>			
	MUMPS <i>1 Dose required</i>			
	RUBELLA (German Measles) <i>1 Dose required</i>			
RECOMMENDED IMMUNIZATIONS				
Meningococcal ACWY Vaccines <i>(within last 5 years)</i>				
Serogroup B Meningococcal Vaccines (MenB) <i>2 or 3 Doses required</i>				
HEPATITIS B <i>3 Doses</i>				
HEPATITIS A <i>2 Doses</i>				
VARICELLA (Chickenpox) <i>2 Doses</i>				
TDaP <i>(within last 10 years)</i>				
TD <i>(within last 10 years)</i>				
HPV <i>3 Doses</i>				

Provider Name (printed): _____ **PROVIDER STAMP:** _____
Provider Signature: _____
Phone Number: _____
Date: _____

Student ID:

REQUIREMENTS FOR ATTENDANCE & MENINGOCOCCAL DISEASE FACT SHEET



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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, mumps, and rubella antibodies through a blood test performed by an approved medical laboratory.

Meningococcal Disease Fact Sheet

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 meningitis immunization.

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

What is meningococcal disease? A serious illness caused by a type of bacteria called *Neisseria meningitidis*. It can lead to meningitis (infection of the lining of the brain and spinal cord) and infections of the blood. Meningococcal disease often occurs without warning—even among people who are otherwise healthy. There are at least 12 types of *N. meningitidis*, called “serogroups.” Serogroups A, B, C, W, and Y cause most meningococcal disease.

How is meningococcal disease spread? Meningococcal disease can spread from person to person through close contact (coughing or kissing) or lengthy contact, especially among people living in the same household.

What is the best way to prevent meningococcal disease? The single best way to prevent this disease is to be vaccinated. Meningococcal ACWY vaccines can help prevent meningococcal disease caused by serogroups A, C, W, and Y and serogroup B meningococcal (MenB) vaccines can help prevent meningococcal disease caused by serogroup B.

Meningococcal ACWY Vaccines There are two kinds of meningococcal vaccines licensed by the Food and Drug Administration (FDA) for protection against serogroups A, C, W, and Y: meningococcal conjugate vaccine (MenACWY) and meningococcal polysaccharide vaccine (MPSV4). Two doses of MenACWY are routinely recommended for adolescents 11 through 18 years old: the first dose at 11 or 12 years old, with a booster dose at age 16.

Serogroup B Meningococcal Vaccines Two serogroup B meningococcal vaccines—Bexsero® and Trumenba®—have been licensed by the Food and Drug Administration (FDA). For best protection, more than 1 dose of a serogroup B meningococcal vaccine is needed. The same vaccine must be used for all doses. Ask your health care provider about the number and timing of doses.

Who should receive the vaccine? In addition to routine vaccination for adolescents, the vaccine is also recommended for certain groups of people: People at risk because of a meningococcal disease outbreak; Anyone whose spleen is damaged or has been removed; Anyone with a rare immune system condition called “persistent complement component deficiency”; Anyone taking a drug called eculizumab (Solaris®); Microbiologists who routinely work with isolates of *N. meningitidis*; Anyone traveling to, or living in, a part of the world where meningococcal disease is common, such as parts of Africa; College freshmen living in dormitories; U.S. military recruits.

Learn more about meningococcal disease: www.cdc.gov/meningococcal/