

North Country Community College

Student Immunization Record / Meningococcal Disease Response Form

NYS Public Health Laws 2165 and 2167 require college students taking six or more credit hours and born on or after January 1, 1957, to provide proof of immunity against measles, mumps and rubella and to provide a response to meningitis disease (documentation of a meningitis vaccination within five years of attendance at a post-secondary institution or a signed vaccination declination).

SECTION 1 (To be completed by student)

Name: _____ Other Names Used: _____

Address: _____ Date of Birth _____

SECTION 2 (To be completed and signed by student's health care provider) **UNLESS** you are submitting a copy of an immunization record from another source (i.e., physician's office, high school, military, etc.). In this case, it is not necessary to complete this section. Skip to Section 3.

MANDATORY for compliance with NY State Public Health Law 2165

OPTION 1	OPTION 2	<u>RECOMMENDED</u> for compliance with NY State Public Health Law 2167
Date of MMR #1 _____	Date of POSITIVE Blood Titers	Date of Meningitis Vaccination #1 _____ Type of Vaccination _____ Date of Meningitis Vaccination #2 _____ Type of Vaccination _____ <u>If this highlighted section is not completed by your health care provider, you MUST complete Section 3.</u>
Date of MMR #2 _____	<i>A copy of lab report must be attached to verify results.</i>	
<u>OR</u>	+ Measles Blood Titer Date _____	
Date of Measles #1 _____	+ Mumps Blood Titer Date _____	
Date of Measles #2 _____	+ Rubella Blood Titer Date _____	
Date of Mumps #1 _____	Date of Rubella #1 _____	

The above information has been validated by:

Health Care Provider name (printed) _____

Address _____

Street
City
State
Zip
Telephone Number

_____ Date _____
Health Care Provider Signature

SECTION 3 (To be completed by student)

Choose ONE option on the back of this form then sign and date below.

Student Signature _____ Date _____
 (or parent if student is under 18 years of age)

MENINGOCOCCAL DISEASE RESPONSE OPTIONS

Check one box below and then sign the front of this form under Section 3.

I / My child (for students under the age of 18) have:

- had a meningococcal vaccination within the past 5 years. (check the choice that applies)
 - Receipt of this vaccination is validated on the front of this form under Section 2. Section 2 must be completed and signed by a health care provider (not a student and/or parent).
 - Documentation of this vaccination is attached to this form.

[Note: The Advisory Committee on Immunization Practices recommends that all first-year college students up to age 21 years should have at least 1 dose of meningococcal vaccine not more than 5 years before enrollment, preferably on or after their 16th birthday, and that young adults aged 16 through 23 years may choose to receive the meningococcal B vaccine series. College and university students should discuss the meningococcal B vaccine with a healthcare provider.]

- read, or have had explained to me, the information regarding meningococcal disease. I (my child) will obtain immunization against meningococcal disease. Documentation of this immunization will be submitted to North Country Community College **within 30 days from the first day of classes**.

- MENINGITIS VACCINATION DECLINATION**

I have read, or have had explained to me, information regarding meningococcal disease. I understand the risks of not receiving this vaccination, and have decided that I (my child) will **not** obtain immunization against meningococcal disease.

You must sign and date Section 3 on the front of this form to validate your response to meningococcal disease.

Please return this form to:

Student Life / Health Records Office
North Country Community College **OR**
23 Santanoni Ave ♦ PO Box 89
Saranac Lake, NY 12983

Fax: (518) 891-6562

E-mail: healthrecords@nccc.edu