

CERTIFICATE OF IMMUNIZATION

Last Name: _____ First Name: _____

Date of Birth: Mo. ____ Day ____ Year _____ Student ID # B00

All students born on or after January 1, 1957 and registering for **6 or more credits** and attending New York State colleges/universities EXCEPT for students registered for courses EXCLUSIVELY online (blended, hyflex & affiliated classes count as "on campus" credits) are required to show proof of immunity against Measles, Mumps, and Rubella (MMR) prior to attending the first day of classes. You also need to show proof of a Meningitis Vaccine within the last 5 years or sign a waiver form if **any credits** are "on campus."

- Proof of immunity to Measles means that the student must have had TWO doses of LIVE Measles or a combined MMR vaccine on or after one's first birthday and at least 28 days apart OR serological evidence of immunity.
- Proof of Rubella immunity means that the student must provide proof of having one dose of Rubella or a combined MMR vaccine on or after one's first birthday OR serological evidence of immunity.
- Proof of Mumps immunity means one dose of Mumps or a combined MMR vaccine on or after one's first birthday OR serological evidence of immunity.

This form can be submitted by: **Fax:** 1-607-778-5530 **Email:** healthservices@sunybroome.edu **In Person:** SUNY Broome, Science Building, Room 102 **Mail:** Student Health Services, SUNY Broome, PO Box 1017, Binghamton, NY 13902

Proof of immunity to Measles, Mumps and Rubella must be received prior to the first day of classes. Failure to comply with this New York Public Health Law could result in deregistration and/or holds placed on your account. Students are responsible for any fine incurred by the college for non-compliance. If you have any questions or need additional information, please visit sunybroome.edu/immunization, call us at +1 607-778-5181, or email us at healthservices@sunybroome.edu.

| IMMUNIZATION RECORD Must be submitted by all students born on or after Jan. 1 1957 | | | | | | |
|---|---|-----------------------------------|---|---------------------------------|---|-------------------------------------|
| MANDATORY Note: All doses must be given on or after first birthday | IMMUNIZATION | DATE VACCINE GIVEN (mm/day/yr) | | SEROLOGY (If Titer was done) | IMMUNE (YES or NO) | TITER LEVELS |
| | MMR (combined 2 doses) | 1 | 2 | | | |
| | USE TABLE BELOW IF VACCINES WERE GIVEN SEPARATELY | | | | | |
| | Measles (2 doses) and | 1 | 2 | | | (History of disease not acceptable) |
| | Mumps (1 dose) and | | | | | (History of disease not acceptable) |
| | Rubella (1 dose) | | | | | (History of disease not acceptable) |
| Meningococcal vaccine | | | | | (Turn over for waiver response form, if applicable) | |

The above must be filled out by a medical care provider or school/college/university official.

I certify that the above is complete and accurate to the best of my knowledge.

 Provider/School Official's Signature

 Provide/School Official's Name (Print)

School/Medical Office Name: _____ Phone: _____

Meningococcal Meningitis Vaccination Response/Waiver

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Full Name: _____ Date of Birth: Mo. ____ Day ____ Year ____ Student ID # B00 _____

New York State Public Health Law requires that all college and university students enrolled for at least 6 credit hours with any on campus (including traditional, blended, hyflex & affiliated site classes) complete the following and return the supporting documentation to SUNY Broome Student Health Services.

Please check one of the options below.

___ I have read, or had explained to me, the information (below) regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I (my child) will not obtain immunization against meningococcal meningitis disease, I understand that I may choose to seek vaccination in the future. The vaccine is available at the Broome County Health Department for a fee and may also be available from any community health providers.

___ I have had the Menomune/Meningococcal meningitis vaccine within the last 5 years (provide documentation if not already indicated on reverse by provider/school official verification).

Signature: _____ Date: _____

Parent or guardian must sign if student is under the age of 18 years.

Meningococcal Meningitis Fact Sheet

Please refer to <https://www.health.ny.gov/publications/2168/> for more information about Meningococcal Meningitis

What is meningococcal disease?

Meningococcal disease is caused by bacteria called *Neisseria meningitidis*. It can lead to a serious blood infection called meningococcal septicemia. When the linings of the brain and spinal cord become infected, it is called meningococcal meningitis. The disease strikes quickly and can have serious complications, including death.

What are the symptoms?

Symptoms appear suddenly – usually three (3) to four (4) days after a person is infected. It can take up to ten (10) days to develop symptoms. Symptoms of meningococcal meningitis may include:

- Fever, headache, stiff neck, nausea, vomiting, photophobia (eyes being more sensitive to light), altered mental status (confusion)

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.

Is there treatment?

Early diagnosis of meningococcal disease is very important. If it is caught early, it can be treated with antibiotics. However, sometimes the infection has caused too much damage for antibiotics to prevent death or serious long-term problems.

What should I do if I or someone I love is exposed?

If you are in close contact with a person with meningococcal disease, talk with your healthcare 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 six (6) weeks of age and older. Various vaccines offer protection against the five (5) major strains of bacteria that cause meningococcal disease:

- All preteens and teenagers should receive two doses of vaccine against strains A, C, W and Y, also known as MenACWY or MCV4 vaccine. The first dose is given at 11 to 12 years of age; the second dose (booster) at 16 years. It is very important that teens receive the booster dose at age 16 years 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, also known as MenB vaccine. Consult provider.