

REQUIRED HEALTH DOCUMENTATION

Greetings Prospective Student,

All students must show documentation of immunizations (shots) of measles, mumps, and rubella. These health records may be kept by your parents, doctor, or schools. Please have the form below completed BEFORE you arrive. This documentation is required for you to enroll and attend classes in the United States. Please bring completed form to orientation OR fax the form to the Student Health Services Office when complete at 607-778-5530. Thank you.

Last Name: _____ First Name: _____ Middle: _____
 Birth Date: Mo. _____ Day _____ Yr. _____ Social Security or Student ID#: _____

PART A: MENINGITIS INFORMATION

I have (or for students under 18, my child has) (Please check one):
 had the meningococcal immunization (Menomune*) within the past 10 years
 read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that 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 community health providers.

 Signature of student (or parent/guardian if under 18) _____ Date _____

PART B: IMMUNIZATION RECORD – MUST BE SUBMITTED BY ALL STUDENTS BORN ON OR AFTER JAN. 1, 1957

	IMMUNIZATION	Date vaccine given: Mo./Day/Yr.	Serology date	Immune		Physician diagnosed disease/date of onset
				Yes	No	
MANDATORY Note: All doses must be given on or after first birthday	MMR combined (2 doses) OR	#1 #2				
	Measles (2 doses) and	#1 #2				
	Mumps (1 dose) and					
	Rubella (1 dose)					History of disease not acceptable
	Meningococcal vaccine					

This form must be signed by a medical care provider.
 I certify that the above is complete and accurate to the best of my knowledge.

 Signature _____ Health Care Provider or School Official's Name _____
 High School/College: _____ Telephone: _____
 Address: _____