

Health Services

Immunization Record Form

Required of all students enrolling for 6 or more credits

Submit this form or Copies of Immunization Records from doctors, schools or serology lab reports to:

Health Services
(Student Center Rm. 181)
75 Grasslands Road Valhalla, N.Y 10595 or
Fax to 914-606-6423 or
Email: Healthoffice@sunywcc.edu

Name _____
Student ID #: _____
Phone# _____
Date of Birth: ___/___/___
 Month Day Year



PART I: Measles, Mumps & Rubella (MMR)/ Meningococcal Meningitis

Must be completed and signed or stamped by a Health Care Provider

For all students born on or after 1/1/57, NYS Public Health Law 2165 mandates that you provide signed documentation of proof of immunity against measles, mumps & rubella on or after the first birthday. Students will not be permitted to register for classes without proof of immunization. Please see page 3 for further information regarding MMR requirements.

PROOF OF Measles, Mumps & Rubella IMMUNITY: REQUIRED
MMR (Measles, Mumps & Rubella Combined Vaccine): Two Doses Required:

Dose 1- Given on or after first birthday: ___/___/___

Dose 2- Given at least 28 days after Dose 1: ___/___/___

OR

Measles:

Positive immune titer Serology Date _____ results: _____

Date of Dose 1: Measles live vaccine on or after 1/1/68 & >1 year of age: ___/___/___

Date of Dose 2: Live Measles vaccine given at least 28 days after dose 1: ___/___/___

Mumps:

Positive immune titer Serology Date _____ results: _____

Date of live vaccine on/after 1/1/69 or after first birthday: ___/___/___

Rubella:

Positive immune titer Serology Date _____ results: _____

Date of live vaccine on/after 1/1/69 & on/after 1st birthday: ___/___/___

Meningococcal Meningitis Vaccination – Recommended

Date of Meningococcal Vaccine (ACWY) within the last 5 years: ___/___/___

OR

Dates of completed Meningococcal B series: ___/___/___

Health Care Provider signature/date or stamp Required

Name: _____

Signature/Date _____

Phone No: _____

Address: _____

Place Official Stamp and/or License Number of Health Care Provider Above

PART II: Meningococcal Response Form

Name: _____

Student ID#: _____

For all students regardless of age, that have not received vaccination against Meningococcal Meningitis in the past 5 years: NYS Public Health Law mandates that you read and sign PART II. Meningitis disease is a severe bacterial infection of the bloodstream or meninges (a thin layer covering the brain and spinal cord). It is a relatively rare disease and usually occurs as a single isolated event. Clusters of cases or outbreaks are rare in the United States. It is transmitted through the air via droplets of respiratory secretions and direct contact with an infected person. Direct contact, for these purposes, is defined as oral contact with shared items such as cigarettes or drinking glasses or through intimate contact such as kissing. Although anyone can come in contact with the bacteria that causes meningococcal disease, data also indicates certain social behaviors, such as exposure to passive and active smoking, bar patronage, and excessive alcohol consumption, may put students at increased risk for the disease. The early symptoms usually associated with meningococcal disease include fever, severe headache, stiff neck, red-purple rash, nausea, vomiting and lethargy, and may resemble the flu. Because the disease progresses rapidly and can be fatal, students are urged to seek medical care immediately if they experienced two or more of these symptoms concurrently. 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. The single best way to prevent this disease is to be vaccinated. Various vaccines offer protection against the five major strains of bacteria that cause meningococcal disease. For more information, please go to <https://www.health.ny.gov/publications/2168.pdf> or www.cdc.gov/meningococcal/. If you wish to receive the meningococcal vaccine, contact your health care provider or The Westchester County Department of Health at 914-813-5000 or contact the Westchester Community College Health Office at 914-606-6610 for locations and phone numbers of local Neighborhood Health Centers.

To Be Completed & signed by the student or parent/guardian of students under the age 18.

I have read the information regarding meningococcal meningitis disease and I understand the risk of not receiving the vaccine. I (my child) will not obtain immunization against meningococcal disease at this time.

Signature: _____

Date: ____ / ____ / _____

For Further Information regarding Immunization Requirements please see page 3.

Immunization Requirements

MMR (Measles, Mumps & Rubella) Immunization Records and compliance with the New York State Meningitis Laws are required before registration.

The New York State Public Health Laws (2165 and 2167) mandate:

All students born on or after January 1, 1957, registering for 6 or more credit hours, provide proof of meeting the Measles, Mumps and Rubella (MMR) vaccination requirements. (Part I). Acceptable proof of immunity includes immunization cards from childhood, High School or other college records or records from your doctor or clinic. If you do not have proof of immunizations, you can have a blood test (MMR titer) performed to show you are immune to all three diseases. If you are not immune, you will need to be vaccinated. The requirements are as follows:

Measles

- Two injections on or after January 1, 1968 (at least 28 days apart), administered on or after the student's first birthday. Immunizations administered prior to 1968 are acceptable if there is proof that a live vaccine was administered.
- Or provide the date of the physician documented disease
- Or provide proof of a positive immune titer.

Mumps

- One injection on or after January 1, 1969 administered after the student's first birthday
- Or provide the date of the physician documented disease
- Or provide proof of a positive immune titer

Rubella

- One injection on or after January 1, 1969 administered after the student's first birthday
- Or provide proof of a positive immune titer
(Proof of disease is not acceptable)

Exemptions

- A medical exemption can be granted for students who provide documentation written by a physician, physician assistant or nurse practitioner, stating that the student has a health condition, which is a valid contraindication of receiving a specific vaccine. A permanent or temporary exemption may then be granted. If a measles, mumps or rubella outbreak should occur on campus, students granted this exemption maybe be required to remain off campus until the Westchester County Department of Health deems it safe to return.
- A student may be exempt from vaccination if, in the opinion of the WCC Health Services Coordinator or Staff Nurses, the student (parent or guardian of students < 18 years of age) holds genuine and sincere religious beliefs, which are contrary to the practice of MMR immunizations. The statement must indicate why the vaccination for all or on one of the three diseases is contrary to the religious belief and not be philosophical in nature. Request for exemptions must be in writing and signed by the student or parent if indicated by age. If a measles, mumps or rubella outbreak should occur on campus, students granted this exemption maybe be required to remain off campus until the Westchester County Department of Health deems it safe to return.

2167: Colleges must distribute information about meningococcal disease and vaccination to ALL STUDENTS REGARDLESS OF AGE, (registering for 6 or more credit hours), about meningococcal disease. This information must be provided to parents or guardians of students under the age of 18. Westchester Community College is required to maintain a record of the following for each student:

- A vaccine record indicating at least 1 dose of meningococcal ACWY vaccine within the last 5 years or a complete 2 or 3 dose series of Meningococcal B: or
- A signed response form indicating that the student will not obtain immunization against meningococcal disease. The response form must be signed if the student has not received the meningococcal vaccine within the past 5 years.

Questions? Call the WCC Health office at 914-606-6610 or email healthoffice@sunywcc.edu