

**Immunization records are required prior to registration**

Please complete this form and return it to 307 North Building or fax to: 212.650.3254 or 212.396.6703

Document **must** be legible to be processed. Students are responsible for obtaining translation of foreign records prior to submission.

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

Name (please print) _____				
<i>last name</i>		<i>first name</i>		<i>m.i</i>
date of birth	EMPL ID #	SSN (last 4 digits only)	daytime phone	email address
____/____/____ <i>mm dd yyyy</i>	_____	xxx-xx-_____ ( ) _____	( ) _____	_____

**Part 2: Meningococcal Meningitis To be completed by the student**

Instructions: Please check <b>one</b> box in Section A below and sign and date in Section B			<i>For Health Services Staff Use Only</i>
A.	<input type="checkbox"/> I have read the attached information and I received the vaccine on: ____/____/____ <i>mm dd yyyy</i>		<b>rec</b>
	<input type="checkbox"/> I have read the attached information, and I <b>will not</b> receive the vaccine		
B.	_____ <i>Student's signature</i>	____/____/____ <i>mm dd yyyy</i>	<b>ent</b>

**Part 3: Immunization History To be completed by a health care provider**

Instructions to health care provider: All dates must include month, day, and year. Please mark an (X) in the appropriate boxes

		month	day	year
A.	<b>MMR (measles mumps, rubella) – if given as combined dose instead of individual immunizations</b>			
	<input type="checkbox"/> Dose 1: 12 months after birth or later, <b>AND</b> on or after January 1, 1972			
	<input type="checkbox"/> Dose 2: 15 months after birth or later, <b>AND</b> at least 28 days after 1 <sup>st</sup> vaccine			
O R	<input type="checkbox"/> <b>Measles</b> (Rubeola) Dose 1: Immunized on or after 1 Jan 1968 or after first birthday <b>AND</b>			
	<input type="checkbox"/> <b>Measles</b> (Rubeola) Dose 2: Immunized at least 28-30 days after the first dose			
	<input type="checkbox"/> <b>Rubella</b> (German Measles) Immunized with vaccine on or after 1 year of age			
	<input type="checkbox"/> <b>Mumps</b> Immunized with live vaccine after 1 year of age and after 1969			
O R	<b>Titre</b> (blood test) showing positive immunity ( <b>Dated lab results MUST be attached</b> )			
	<input type="checkbox"/> <b>Measles</b>			
	<input type="checkbox"/> <b>Mumps</b>			
	<input type="checkbox"/> <b>Rubella</b>			

**ACCEPTABLE PROOF OF IMMUNITY MAY INCLUDE:**

1. Immunization cards from childhood
2. Immunization records from college, high school or other schools you attended
3. Immunization from your health care provider or clinic

**EXEMPTIONS/WAIVERS**

- **Birthdate:** All students born prior to January 1, 1957
- **Religious:** Submit written statement of sincere and genuine religious belief that prohibits immunization (obtain form from Health Services)
- **Medical:** Submit documentation from your physician/health care provider indicating medical reason for contraindication

**B. Health care provider information: (please include official stamp in English)**

**name:** \_\_\_\_\_ **address:** \_\_\_\_\_

**signature:** \_\_\_\_\_ **license #:** \_\_\_\_\_ **phone: ( )** \_\_\_\_\_

**Part 4: For Office of Health Services Staff Use Only**

I certify that above information is a complete and accurate transfer student's immunization history, as provided by the health care provider.

**Staff Name:** \_\_\_\_\_ **Staff Signature:** \_\_\_\_\_

## IMMUNIZATION REQUIREMENTS FOR POST-SECONDARY ADMISSION

### Measles, Mumps & Rubella

As of the Spring of 1990, Hunter college has required that **all** students comply with **New York State Public Health Law #2165**. This law requires that college students born on or after **January 1, 1957**, present proof of immunizations or laboratory results indicating immunity against measles, mumps and rubella. Proof of age must be submitted for those students born prior to 1957.

### Meningococcal Disease

**New York State Public Health Law #2167** requires all post-secondary institutions to provide information on Meningitis and the Meningitis vaccine to all students registering for six or more credits. In addition, each institution is required to maintain a record of the following for each student:

- A response to receipt of meningococcal disease and vaccine information signed by the student or student's parent/ guardian.  
**and either**
- A record of meningococcal meningitis immunization within the past 10 years.  
**or**
- An acknowledgement of meningococcal meningitis risks and refusal of meningococcal meningitis immunization signed by the student or student's parent or guardian.

**\*\*\*\*\*Please Note - Part 2 of the Immunization Record form pertains to Meningococcal Meningitis\*\*\*\*\***  
**Please visit our website at: [www.hunter.cuny.edu/studentservices/counseling-and-wellness/wellness/education](http://www.hunter.cuny.edu/studentservices/counseling-and-wellness/wellness/education)**

### Meningococcal Disease Information

#### *What is meningococcal disease?*

Meningococcal disease is a severe bacterial infection of the bloodstream or meninges (a thin lining covering the brains and spinal cord).

#### *Who gets meningococcal disease?*

Anyone can get meningococcal disease, but it is more common in infants and children. For some college students, such as freshmen living in dormitories, there is an increased risk of meningococcal disease. Between 100 and 125 cases of meningococcal disease occur on college campuses every year in the United States; between 5 and 15 college students die each year as result of infection. Currently, no data are available regarding whether children at overnight camps or residential schools are at the same increase risk for disease. However, these children can be in settings similar to college freshmen living in dormitories. Other persons at increased risk include household contacts of a person known to have had this disease, and people traveling to parts of the world where meningitis is prevalent.

#### *How does the germ meningococcus spread, and what are the symptoms?*

The meningococcus germ is spread by direct close contact with nose or throat discharges of an infected person. Many people carry this particular germ in their nose and throat without signs of illness, while others may develop serious symptoms. High fever, headache, vomiting, stiff neck and a rash are symptoms of meningococcal disease. Among people who develop meningococcal disease, 10-15% die, in spite of treatment with antibiotics. Of those who live, permanent brain damage, hearing loss, kidney failure, loss of arms or legs, or chronic nervous system problems can occur.

#### *How soon do the symptoms appear?*

The symptoms may appear two to 10 days after exposure, but usually within five days.

#### *What is the treatment for meningococcal meningitis?*

Antibiotics, such as penicillin G or ceftriaxone, can be used to treat people with meningococcal diseases.

#### *Is there a vaccine to prevent meningococcal meningitis?*

Yes, a safe and effective vaccine is available. The vaccine is 85% to 100% effective in preventing four kinds of bacteria (serogroups A, C, Y, W-135) that cause about 70% of the disease in the United States. The vaccine is safe, with mild and infrequent side effects, such as redness and pain at the injection site lasting up to 2 days. After Vaccination, immunity develops within 7 to 10 days and remains effective for approximately 3 to 5 years. As with any vaccine, vaccination against meningitis may not protect 100% of all susceptible individuals.

#### *How do I get more information about meningococcal disease and vaccination?*

Contact your family physician or your student health service. Additional information is also available on the websites of the New York State Department of Health, [www.health.state.ny.us](http://www.health.state.ny.us) ; the Centers for Disease Control and Prevention <http://www.cdc.gov/vaccines/vpd-vac/default.htm> ; and the American College Health Association, [www.acha.org](http://www.acha.org).