



Immunization Form For JCC Students

This form is required and must be completed in full. All information is confidential and for Health Services use only.

Student to complete

JCC ID

Birth date / /

Last Name

First Name

Middle Name

Phone No.

☐

Female

☐

Male

IMMUNIZATION REQUIREMENTS

New York State Public Health Law 2165 requires students at post-secondary institutions, enrolled in six or more on-campus credit hours, to provide proof of immunity to measles, rubella and mumps. **Students born prior to January 1, 1957, are exempt from this requirement.**

In order to attend classes, all students must submit completion of the above two requirements.

For the purposes of the college MMR immunization law, proof of immunity for measles, rubella, and mumps shall mean the following:

Measles (rubeola): Two doses of the measles vaccine one given no more than 4 days before the 1st birthday and the 2nd one at least 28 days after the 1st **or** physician documented history of disease **or** serological evidence of immunity.

Rubella (German measles): One dose of live virus rubella vaccine given no more than 4 days before the 1st birthday **or** serological evidence of immunity.

Mumps: One dose of live mumps vaccine given no more than 4 days before the 1st birthday **or** physician documented history of disease **or** serological evidence of immunity.

Consult parents, doctors, a former high school, or a public health clinic to obtain copies of immunization records.

Also, New York State Public Health Law 2167 requires Institutions to distribute information about meningococcal disease and its vaccination. Once reviewed, selection from the Meningitis Response Options is required. (Third column)

Health Care Provider to complete OR send official proofs

Measles or MMR: Must have **ONE** of the following:

1. Two doses of measles immunization.

 / / / /

OR

2. Date of measles titer **and results:**

 / / Result _____

OR

3. Date of physician-diagnosed measles disease:

 / /

Signature of the diagnosing Provider

Rubella or MMR: Must have **ONE** of the following:

1. Date of rubella immunization.

 / /

OR

1. Date of rubella titer **and results:**

 / / Result _____

Provider diagnosis is **NOT** acceptable

Mumps or MMR: Must have **ONE** of the following:

1. Date of mumps immunization.

 / /

OR

2. Date of mumps titer **and results:**

 / / Result _____

OR

3. Date of physician-diagnosed measles disease:

 / /

Signature of the diagnosing Provider

FORM COMPLETED BY:

PROVIDER, RN or LPN

CLINIC/OFFICE

PHONE

Student to complete or go online.

Meningitis: The information below **must be completed** but vaccination is **OPTIONAL** for attendance.

You may complete the meningitis response by going online:

1. Log into 'My JCC'
2. Click on SOAR
3. Click on Student & Financial Aid link
4. Click on 'Required Meningitis Response'
5. Complete the on-line survey

OR

Please review the attached information, SELECT an Option and SIGN BELOW:

☐ I have reviewed the information regarding meningococcal meningitis disease. I have received the meningococcal vaccine **within the past ten years.**

Date vaccination received: ____/____/____

☐ I have reviewed the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that I will **not** obtain immunization against meningococcal meningitis disease.

Date signed: ____/____/____

X

Student's Signature

OR

X

Parent / Guardian Signature if under age 18

*Meningococcal vaccination is available at the County Public Health Service or possibly through your Primary Care Provider.

*For vaccination cost and further information, contact the above sources. Jefferson County Public Health Service can be reached at (315)786-3720.

*Meningococcal vaccination is not available at Jefferson Community College.

If you have a concern/issue regarding the immunization requirements, please contact the Health Office at 315-786-2376.

THANK YOU!