# **Immunization Records**

Immunization records are required at least one week prior to registration. <u>Please complete this form and attach copies of appropriate records.</u> Send to: Student Health Center, 524 W.59th St., Rm. L67.01NB, New York City, NY 10019

Part 1: Student Information	To be comple	To be completed by the student.			
A 1 december 2	8	Sex:MF			
Address:	S.S#:xxx-xx		D.O.B		
Part 2: To be completed and signed by student or Parent / Guardian for students under the age of 18					
MENINGOCOCAL MENINGITIS.CHECK ONE (1) BOX ONLY					
I have read or have had explained to me, the information regarding meningococcal meningitis. I received the Meningococcal Meningitis vaccination on Date/					
I have 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 <u>not</u> obtain immunization against meningococcal meningitis disease.					
Student / Parent Signature:		Date:			
Part 3: Immunization History To be completed by health care provider.					
MMR (measles, mumps, rubella) - given as a combined dose instead of individual immunizations					
Dose 1: Immunized after 1 year of age and aft	er 1972	Date:	/	_/	
Dose 2: Immunized after 1972 and at least 15		Date:	400	35	
OR					
Measles Dose 1: immunized on or after 1 Jan	68 or after first birthday	Date:	_/_	/	
Measles Dose 2: immunized at least 28 days	after the first dose	Date:	_/	_/	
Rubella immunized with vaccine on or after 1 year of age and after 196		Date:	_/	_/	
Mumps immunized with vaccine after 1 year		Date:	_/	_/	
OR					
Titer (blood test) showing positive immunity (Dated lab results must be attached.)  Measles: Date:// PosNeg					
Mumps: Date:// PosNeg					
Rubella: Date:// PosNeg					
Medical /Exemption Waiver: A licensed medical provider must'certify that you have a health condition, which is a valid contraindication for receiving a specific vaccine. Please provide this statement from your physician on his/her stationary with stamp, signature, and license number. All medical waivers will be periodically reviewed to see if contraindications still exist.					
Part 4: To be completed by health care provider.					
I certify that the above-named student has received the above immunizations, or I have enclosed laboratory results indicating immunity. Official seal/stamp of medical provider, signature and license # required.					
Physician/Provider Name (Please Print):				Physician/	
Physician/Provider License # Physician/Provider Signature:				Provider Stamp	



Health Services 542 W59th St., Rm L67.01NB New York City, NY 10019 Tel: 212.237.8052 Fax: 212.237.8026 Email: healthoffice@jjay.cuny.edu



#### What is meningococcal disease?

Meningococcal disease is a severe bacterial infection of the bloodstream or meninges (the thin lining covering the brain 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 increased 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 is the germ meningococcus spread?

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 any signs of illness, while others may develop serious symptoms.

## What are the symptoms?

High fever, headache, vomiting, stiff neck, and a rash are symptoms of meningococcal disease. Among people who develop meningococcal disease, 10-15 percent 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 ten days after exposure, but usually within five days.

#### What is the treatment for meningococcal disease?

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

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

Yes, a safe and effective vaccine is available. The vaccine is 85 percent to 100 percent effective in preventing four kinds of bacteria (serogroups A, C, Y, W-135) that cause about 70 percent 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 two days. After vaccination, immunity develops within seven to ten days and remains effective for approximately three to five years. As with any vaccine, vaccination against meningitis may not protect 100 percent of all susceptible individuals.

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

Contact your family physician. Additional information is also available on the websites of the New York State Department of Health, <a href="www.health.state.ny.us">www.health.state.ny.us</a>; the American College Health Association, www.acha.org; and the Centers for Disease Control and Prevention <a href="www.cdc.gov/ncid/dbmd/diseaseinfo">www.cdc.gov/ncid/dbmd/diseaseinfo</a>.



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