

WELLNESS AND COUNSELING CENTER

## The City University of New York **Immunization Record**

Immunization records are required prior to registration. please complete this form and return.

Marshak Building - RM J-15 160 Convent Avenue, New York, New York 10031

Semester / Year					
☐ Fall					
☐ Spring					
☐ Summer					
Check One					
☐ Undergraduate	☐ Graduate				
Transfer	□ Non-Degree				

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Part 1: Student Information To be completed by the student						
Please print	Last name	First name			M.I.	
Address						
Date of Birth	Social Security Number	Social Security Number Daytime Phone Email Address				
1 1		( )				
mm dd yyyy		` / _				
Instructions to the stude  I have read the informat		ardian for students under the age of 18 date Part 2	/yy	уу		
Instructions to the healt		ore provider  e month, day and year. Please mark an (X) in the appropriation for 6 or more credits, are required to prove immunity to Medical Control of the		mps, an	d	
MMR (measles, mumps, rubella) - Given as a combined dose instead of individual immunizations.		month	day /	year /		
☐ Dose 1: Immunized after 1 year of age and after 1972.				1	1	
☐ Dose 2: Immunized after 1972 and at 5 years of age or older.			/	/	/	
LIVE VACCINES			month	day	year /	
☐ <b>Measles Dose 1:</b> Immunized on or after 1 Jan. 68 or after first birthday AND		/	1	1		
☐ <b>Measles Dose 2:</b> Immunized at least 28-30 days after first dose			/	/	/	
☐ Rubella: Immunized with vaccine on or after 1 year of age			/	/	/	
☐ Mumps: Immunized with live vaccine after 1 year of age and after 1969			1	/	/	
TITRE (blood test) showin	ng positive immunity (Dated laboratory ros	results must be ATTACHED.)	month /	day /	year /	
<b>EXEMPTIONS MEDICAL:</b> 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 stationery with <b>STAMP AND SIGNATURE</b> . All medical waivers will be periodically reviewed to see if contraindications still exist. <b>RELIGIOUS:</b> A reasonable statement explaining your religious objection to immunizations must be submitted. Religious groups that object to immunizations can provide you with supporting documentation.						
Health Care Provider In immunity. REQUIRES Of		ertifies the above immunization dates or has enclosed lab	oratory re	sults ind	dicating	
Name: Address:						
Signature:         Telephone: ( )						
Part 4: To be completed by a member of the City College Health Services Staff						
The above information or	attached copies have been reviewed or	n: Initials:				



WELLNESS AND COUNSELING CENTER TEL: 212.650.8222 FAX: 212.650.8227

## **Immunization Requirements**

### Measles, Mumps and Rubella

As of the Spring of 1990, The City College of New York has required that all students comply with New York State's 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.

#### What is meningococcal disease?

Meningoccoal disease is a severe bacterial infection of the bloodstream or meninges (a thin lining covering the brain and spinal cord) caused by the meningococcus germ.

#### Who gets meningococcal disease?

Anyone can get meningococcal disease, but it is more common in infants and children. For some adolescents, such as first year college students living in dormitories, there is an increased risk of meningococcal disease. Every year in the United States approximately 2,600 people are infected and 300 die from the disease. Other persons at increased risk include household contacts of a person known to have had this disease, immunocompromised people, and people traveling to parts of the world where meningococcal meningitis is prevalent.

#### How is the meningococus germ spread?

The meningococcus germ is spread by direct close contact with nose or throat discharges of an infected person (coughing, sneezing and kissing).

### What are the symptoms?

High fever, headache, vomiting, stiff neck and a rash are symptoms of meningococcal disease. The symptoms may appear 2 to 10 days after exposure, but usually within 5 days. 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.

### What is the treatment for meningococcal disease?

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

# Should people who have been in contact with a diagnosed case of meninococcal meningitis be treated?

Only people who have been in close contact (household members, intimate contacts, health care personnel performing mouth-to-mouth resuscitation, day care center playmates, etc.) need to be considered for preventive treatment. Such people are usually advised to obtain a prescription for an antibiotic from their physician. Casual contact, as might occur in a regular classroom, office or factory setting, is not usually significant enough to cause concern.

## Is there a vaccine to prevent meningococcal meningitis?

In February 2005 the CDC recommended a new vaccine, known as Meningococcal/conjugate vaccine (MCV4) for use to prevent meningococcal disease in people 11-55 years of age. The previously licensed version of this vaccine, Meningococcal/polysaccharide (MPSV4) is available for children 2-10 years old and adults older than 55 years. Both vaccines are 85% to 100% effective in preventing the 4 kinds of the meningococcus germ (types A, C, Y, W-135). These 4 types cause about 70% of the disease in the United States. Because the vaccines do not include type B, which accounts for about one-third of cases in adolescents, they do not prevent all cases of meningococcal disease.

## Is the vaccine safe? Are there adverse side effects to the vaccine?

Both vaccines are currently available and both are safe and effective vaccines. However, both vaccines may cause mild and infrequent side effects, such as redness and pain at the injection site lasting up to two days.

### Who should get the meningococcal vaccine?

The vaccine is recommended for all adolescents (11 through 18 years old) and all first year college students living in dormitories. However, the vaccine will benefit all teenagers and young adults in the United States. Also at increased risk are people with terminal complement deficiencies, damaged or missing spleen, some laboratory workers and travelers to endemic areas of the world.

### What is the duration of protection from the vaccine?

MPSV4, the older vaccine, requires booster doses every 3 to 5 years. Although research is still pending, the new vaccine, MCV4 will probably not require booster doses.

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

Contact your 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; the Centers for Disease Control and Prevention (CDC), www.cdc.gov/ncid/dbmd/diseaseinfo; the CDC National Immunization program, www.cdc.gov/vaccines and the Amercian College Health Association, www.acha.org.