

***PHYSICAL EXAMS ARE NOT REQUIRED FOR REGISTRATION***

**Immunization Requirements**

***MMR Immunization Records and a signed Meningitis Response form are required before registration***

Name \_\_\_\_\_  
Last Name First Name Middle

Address \_\_\_\_\_

Phone \_\_\_\_\_ DOB \_\_\_\_\_ Date of Admission \_\_\_\_\_

High School Attended \_\_\_\_\_ Date of Graduation \_\_\_\_\_

**Part 1- All students born after January 1, 1957 must show proof of immunity against measles, mumps and rubella. If you have documented proof of immunization please submit the records to the Health Service Office, Loew Hall 101, and this form will be completed.**

\*FREE IMMUNIZATION IS PROVIDED DURING REGISTRATION IN LOEW HALL ROOM 101\*

**Dose 1 given at age 12 months or later**

**Second dose given after 15 months of age**

MMR 1 (after 1972) Date \_\_\_\_/\_\_\_\_/\_\_\_\_

MMR 2 (after 1972) Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**OR**

Rubeola/Measles 1 (after 1968) Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Rubeola/Measles 2 (after 1968) Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Mumps (after 1968) Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Rubella/German Measles (after 1968) Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**OR**

**NEED LAB VALUES FOR TITER RESULTS**

	<u>Date</u>	<u>Titer Results</u>
<u>Measles</u>	____/____/____	_____
<u>Mumps</u>	____/____/____	_____
<u>Rubella</u>	____/____/____	_____

**Specify Type of Health Insurance**      None       Medicaid       Employer       Parent

**Part 2- TO BE COMPLETED AND SIGNED BY STUDENT OR PARENT/GUARDIAN FOR STUDENT UNDER THE AGE OF 18 MENINGOCOCCAL MENINGITIS.**

CHECK ONE (1) BOX ONLY

I have read, (see reverse side) or have had explained to me information regarding meningococcal meningitis and the vaccine. I have decided that I (my child) will **not** obtain immunization against meningococcal meningitis.

**\*For Meningitis Vaccine availability, check with your primary care physician OR visit the CDC Travel Clinics websites:**

[www.istm.org](http://www.istm.org)

**OR**

I have read, (see reverse side) or have had explained to me information regarding meningococcal meningitis and the vaccine. The vaccination was administered on      DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Health Officer \_\_\_\_\_ Office Stamp: \_\_\_\_\_

SIMS \_\_\_\_\_

## Immunization Requirements

Meningitis Response Form and MMR Immunization Records are required before registration

### New York State Public Health Law 2165-Measles, Mumps, Rubella

If you were born after December 31, 1956, you are required by state law to prove you are immune to Measles, Mumps, and Rubella in order to attend college. Acceptable proof of immunity includes: immunization cards from childhood, immunization records from High School or other schools you attended, or records from your doctor or clinic. If you do not have proof of immunizations, you must be immunized again or have a blood test (MMR titer) to show you are immune to all three diseases.

**MMR vaccines are available at the Bronx Community College Health Service Office, Loew Hall Room 101,** during registration free of charge. **Morris Heights Health Center, 85 West Burnside Avenue Bronx, NY 10453-4015, (718) 483-1234,** provides all BCC students without health insurance physical exams with immunization for a \$10.00 co-payment and will accept most medical insurance. Medical waiver: Any student with a medical condition that prohibits vaccination may submit a doctor's statement on letterhead for exemption. (Temporary medical conditions, such as pregnancy, require blood titer clearance)

### New York State Public Health Law 2167-Meningococcal Meningitis

New York State Public Health Law 2167 took effect on August 15, 2003. It requires that all colleges inform their students about meningococcal meningitis and the meningitis vaccine. It further requires you to do the following:

Complete Part 2 of the reverse side of this form indicating that you have received information about meningitis and the meningitis vaccine and **EITHER:**

Have been vaccinated against meningitis within the last 10 years (please submit date)

**OR**

Have decided **not** to obtain the vaccination.

Meningitis is rare. However, when it strikes, its flu-like symptoms make diagnosis difficult. Symptoms can include high fever, severe headache, stiff neck, and rash. If not treated early, meningitis can lead to swelling of the fluid surrounding the brain and spinal column as well as severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputations, and even death.

Meningitis is spread through the air via respiratory secretions such as coughing, sneezing, kissing or sharing personal items like utensils, cigarettes and drinking glasses. Certain college students, particularly freshman living in dormitories or resident halls, have been found to have an increased risk for meningitis.

A vaccine is available that protects against four types of the bacteria that cause meningitis in the United States – types A, C, Y, and W-135. These types account for nearly two thirds of meningitis cases among college students. The vaccine is safe and effective and provides immunity for approximately 3 to 5 years. Meningitis vaccine is available at your primary care physician or visit [www.istm.org](http://www.istm.org) for clinic listings.

To learn more about meningitis and the vaccine and other immunizations for college students, please feel free to contact our health center and/or consult your physician. You can also find information about the disease at NEW YORK STATE DEPARTMENT OF HEALTH WEBSITE: [WWW.HEALTH.STATE.NY.US](http://WWW.HEALTH.STATE.NY.US), WEBSITE, THE CENTER FOR DISEASE CONTROL AND PREVENTION (CDC): [WWW.CDC.GOV/NCIDOD/DBMD/DISEASEINFO](http://WWW.CDC.GOV/NCIDOD/DBMD/DISEASEINFO), OR AMERICAN COLLEGE ASSOCIATION (ACHA) WEBSITE: [WWW.ACHA.ORG](http://WWW.ACHA.ORG)