

## REQUIRED OF ALL STUDENTS ENROLLING FOR 6 OR MORE CREDITS

Submit this form and required documentation (NOT ORIGINALS) to Records & Registration, 145 College Road, Suffern, NY 10901 or fax to 845-574-4499. Please Print:

Name \_\_\_\_\_ Address \_\_\_\_\_  
Last First MI/Maiden

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

SS # or ID # \_\_\_\_\_ Date of Birth \_\_\_\_\_

## PART I: Meningococcal Meningitis

For all students regardless of age, NYS Public Health Law mandates that you read and sign PART I. **Meningitis disease** is a severe bacterial infection of the bloodstream or meninges (a thin layer covering the brain and spinal cord). It is a relatively rare disease and usually occurs as a single isolated event. Clusters of cases or outbreaks are rare in the United States. It is transmitted through the air via droplets of respiratory secretions and direct contact with an infected person. Direct contact, for these purposes, is defined as oral contact with shared items such as cigarettes or drinking glasses or through intimate contact such as kissing. Although anyone can come in contact with the bacteria that causes meningococcal disease, data also indicates certain social behaviors, such as exposure to passive and active smoking, bar patronage, and excessive alcohol consumption, may put students at increased risk for the disease.

For more information please go to our website at [www.sunyrockland.edu](http://www.sunyrockland.edu).

You may also contact your health care provider or the Rockland County Health Department 845-364-2520 for more information about the Meningitis disease or vaccination information.

## PART I: Meningococcal Meningitis RESPONSE

To be completed & signed by student or parent/guardian for students under age 18.

- I have read the information regarding meningococcal meningitis disease and I understand the risk of not receiving the vaccine.  
 I have decided that I (my child) will not obtain immunization against meningococcal meningitis disease.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## PART II: Measles, Mumps & Rubella

**For all students born on /after 1/1/57**, NYS Public Health Law mandates that you provide signed documentation of proof of immunity against measles, mumps & rubella on/after the first birthday. Students must submit proof of compliance with the law within thirty days of the start of the semester **OR THEY WILL BE WITHDRAWN, WITHOUT REFUND, FROM ALL CLASSES.**

**MEASLES** - Immunization (2 injections) on or after 1/1/68 (at least thirty days apart) OR positive titer OR date of physician documented disease.

*Note: Immunizations before 1/1/68 are acceptable if there is proof that live vaccine was used.*

**MUMPS** - Immunization (1 injection) on or after 1/1/69 OR positive titer OR physician documented disease.

**RUBELLA** - Immunization (1 injection) on or after 1/1/69 OR positive titer. (Proof of disease not acceptable.)

You may provide any health records which demonstrate proof of immunity from prior schools, physicians or a local health department. You can also be immunized by your doctor or health care provider or you can call the county health department for free immunization 845-364-2520. Bring proof of this first measles shot and an appointment card for the second prior to or at registration. If you hold religious beliefs which prohibit receiving immunizations for Measles, Mumps & Rubella, contact Records & Registration at 845-574-4030.

### HEALTH CARE PROVIDER STAMP IS REQUIRED FOR PART II:

## PART II: PROOF OF Measles, Mumps & Rubella IMMUNITY

MUST be completed and stamped by a Health Care Provider.

### MMR (MEASLES, MUMPS & RUBELLA combined vaccine)

Two Doses Required:

- Dose 1 - Must have been given on or after first birthday  
 Date received: mo \_\_\_\_\_ /day \_\_\_\_\_ /yr \_\_\_\_\_
- Dose 2 - Must have been given at least 30 days after Dose 1  
 Date received: mo \_\_\_\_\_ /day \_\_\_\_\_ /yr \_\_\_\_\_

### OR if Measles, Mumps & Rubella given as individual vaccines:

#### MEASLES (check one box below if applicable):

- Positive immune titer Serology Date \_\_\_\_\_ results \_\_\_\_\_
- Date had disease OR
- Date of Dose 1: Immunized with live Measles vaccine on/after Jan. 1, 1968 and on/or after first birthday  
 Date received: mo \_\_\_\_\_ /day \_\_\_\_\_ /yr \_\_\_\_\_
- If vaccinated prior to Jan. 1, 1968, I certify live vaccine was used:  
 Physician's Signature: \_\_\_\_\_

- Date of Dose 2: Live Measles vaccine must be given at least 30 days after Dose 1.

Date received: mo \_\_\_\_\_ /day \_\_\_\_\_ /yr \_\_\_\_\_

#### MUMPS (check one box below):

- Positive immune titer Serology Date \_\_\_\_\_ results \_\_\_\_\_
- Date had disease OR
- Date of live vaccine on/after 1/1/69 & on/after 1st birthday  
 Date received: mo \_\_\_\_\_ /day \_\_\_\_\_ /yr \_\_\_\_\_

#### RUBELLA (check one box below):

- Positive immune titer Serology Date \_\_\_\_\_ results \_\_\_\_\_
- Date of live vaccine on/after 1/1/69 & on/after 1st birthday  
 Date received: mo \_\_\_\_\_ /day \_\_\_\_\_ /yr \_\_\_\_\_

#### MENINGOCOCCAL MENINGITIS

- I (my Child) had the meningococcal meningitis immunization (Menactra) within the last 5 years.

Date received: mo \_\_\_\_\_ /day \_\_\_\_\_ /yr \_\_\_\_\_