

IMMUNIZATION RECORD

Immunization records are required prior to registration

Please complete this form and return it by email to HealthOffice@ncc.edu.
 Students may also fax their form to 516-572-9637 or drop it off in person to the Student Health Office.

NOTE: All students, new or returning, must complete Part 3 & 4 - Meningococcal Vaccination Response on reverse side. All new incoming students taking 6 or more credits must complete Part 1 & 2- MMR Immunization History. Document must be legible to be processed.

Part 1: Student Information				-- To be completed by the student --			
Name (please print) _____							
		Last name		First name		Middle Initial	
Date of Birth		Student ID #		Cell phone		Email address	
____/____/____ <i>mm dd yyyy</i>		N 0 0		() _____		_____	
		Age					

Instructions to Complete MMR Immunization Requirements

MEASLES, MUMPS, AND RUBELLA (MMR):

New incoming students should take this form to their health care provider and have them complete Part 2 below. Alternatively, students may provide one of the acceptable forms of proof of immunization listed below. New York State Public Health Law 2165 requires all students entering a post-secondary institution to provide their health services center with proof of immunity to measles, mumps and rubella. This law applies to students born on or after January 1, 1957, regardless of degree or non-degree status.

ACCEPTABLE PROOF OF IMMUNITY MAY INCLUDE:

- (1) Immunization cards from childhood (yellow card), signed and stamped by the medical provider.
- (2) Official immunization records from college, high school or other schools you attended.
- (3) Signed and stamped immunization record from your health care provider or clinic.
- (4) Copy of lab report, also known as titer or serology, showing immunity to measles, mumps and rubella.

Part 2: Immunization History				-- To be completed by a health care provider -- *Documentation must be included*					
Provider: All dates must include month, day, and year. Please mark an (X) in the appropriate boxes									
A.	Measles, mumps and rubella must be live vaccine and given no more than 4 days prior to first birthday.						month	day	year
	MMR (<i>measles, mumps, rubella</i>) – if given as combined dose instead of individual vaccine.								
	<input type="checkbox"/> Dose 1: No more than 4 days prior to first birthday, AND on or after April 23, 1971 <input type="checkbox"/> Dose 2: At least 28 days after 1 st vaccine								
OR	<input type="checkbox"/> Measles (Rubeola) Dose 1: Immunized on or after Jan. 1, 1968 and first birthday AND								
	<input type="checkbox"/> Measles (Rubeola) Dose 2: Immunized at least 28 days after the first dose								
	<input type="checkbox"/> Rubella Immunized after 1969 and on or after first birthday								
	<input type="checkbox"/> Mumps Immunized after 1968 and on or after first birthday								
OR	Titer (blood test) showing positive immunity (<u><i>Labs results & reports MUST be attached</i></u>)						month	day	year
	<input type="checkbox"/> Measles								
	<input type="checkbox"/> Mumps								
	<input type="checkbox"/> Rubella								
B.	Health care provider information: (<u>Signature and stamp required</u>)								
	Name: _____				Address: _____				
	Signature: _____		License #: _____		Phone :() _____				

Meningitis Response Form

Please complete this form and return it by email to HealthOffice@ncc.edu.
 Students may also fax their form to 516-572-9637 or drop it off in person to the Student Health Office.

NOTE: Meningitis vaccination is not mandated; however, completion of this form is required. Meningitis vaccine dates are ONLY acceptable with accompanying vaccination record attached.

Part 3: Student Information -- To be completed by the student --

Name (please print) _____			
Last name		First name	
Middle Initial			
Date of Birth	Student ID #	Cell phone	Email address
____/____/____ <i>mm dd yyyy</i>	N 0 0	() _____	_____
Age			

Part 4: Meningococcal Meningitis To be completed by the student

Instructions: Please check ONE box only in Section A below and sign and date in Section B

A. I have (for students under the age of 18: My child has) read, or explained to me, the information regarding meningococcal disease:

I had meningococcal immunization within the past 5 years*. **The vaccine record must attached (healthcare provider stamp and signature required).**

I will **not** obtain the meningitis vaccine. I understand the risks of not receiving the vaccine.

B. _____

REQUIRED Student Signature (Or Parent Signature if the student is under 18 years old) _____ *mm dd / yyyy*

*[Note: The Advisory Committee on Immunization Practices recommends that all first-year college students up to age 21 years should have at least 1 dose of Meningococcal ACWY vaccine not more than 5 years before enrollment, preferably on or after their 16th birthday, and that young adults aged 16 through 23 years may choose to receive the Meningococcal B vaccine series. College and university students should discuss the Meningococcal B vaccine with a healthcare provider.]

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

- Contact your primary care provider or NCC Student Health Office at 516-572-7123 or visit our website at: https://www.ncc.edu/campuservices/health_services

Additional information is also available on the following websites:

- www.health.ny.gov (New York State Department of Health)
- www.cdc.gov/vaccines/ (Centers for Disease Control and Prevention)
- www.acha.org (American College Health Association)

Part 5: For Office of Health Services Staff Use Only

Processed by: _____ rec: _____ ent: _____

Staff Name: _____ Staff Signature: _____ Date: _____