	Immunization Record Immunization Records are required prior to Registration				Front Page
		( <u>KEEP A COPY FOR</u>	<u>YOUR RECORDS</u> )	NCC-ID#: <u>N</u>	
COMMUNITY	Name	Last		First	
COLLEGE	Address				
Student Health Office		Town	State	Z	ip Code
	Phone	( )	Semester	Date of Birth	//

PART 1 - MENINGITIS Survey - Meningitis vaccination is not mandated; however, completion of the survey is required. Meningococcal Meningitis - Note that vaccine dates are ONLY acceptable with accompanying immunization record. Please check one box, and sign.

□ I received the Menomune/Menactra/Menveo/Meningococcal B (Trumenba)/ Meningococcal B (Bexsero) /MCV4 at age 16 or older and within the past 5 years.

□ I have read the attached information, and I will not receive the vaccine.

Date:	/	/				
Documented Meningitis						
Vaccine Date						

Signature\_

Students Signature or Parent/Guardian if under 18 years old

Date: \_\_\_\_/ \_\_\_/

## PART 2 - TO BE COMPLETED BY A HEALTHCARE PROVIDER OR ATTACH OFFICIAL IMMUNIZATION RECORD.

IMMUNIZATION HISTORY (All dates must include month,	day, and year. Please mark an (X) in the appropriate boxes.)					
MMR (measles, mumps, rubella) - if given as combined dose instead of individ	DATE (mm/dd/year)					
Dose 1: No more than 4 days prior to first birthday, AND on or after Januar	ry 1, 1972					
Dose 2: At least 28 days after first vaccine						
or						
Measles (Rubeola) Dose 1 Immunized after 1968 and first birthday						
Measles (Rubeola) Dose 2 Immunized at least 28 days after the first dose						
Rubella Immunized after 1969 and on or after first birthday						
Mumps Immunized after 1968 and on or after first birthday						
or						
Titer (blood test) showing positive immunity (dated lab results must be attached	)	DATE (mm/dd/year)				
Measles IgG						
Mumps IgG						
Rubella IgG						
HEALTHCARE PROVIDER INFORMATION (signa	ture and stamp required)					
		HEALTHCARE PROVIDER STAMP				
Name Telepho	ne					
Signature License	#					
Address						
	Office Use Only					
V. V						
Semester	☐ Attended school in U.S. after 1980	Credits				
Deferral Date / /	High School Attended					
	□ GED Affidavit Signed	Letters				
□ In-Progress □ Rel Waiver	Warning/	H.S				
Temp-Medical Perm Med Waiver						
Military	Non-complier /////	Year				

Please return this form to Student Health Office - 1 Education Drive Nassau Community College, Garden City, NY 11530-6793 Phone (516) 572-7123 Fax (516) 572-9637

Rev. 11/16



Nassau Community College Student Health Office One Education Drive Garden City, NY 11530-6793 Phone (516) 572-7123 Fax (516) 572-9637 Healthoffice@ncc.edu

# **Immunization Information**

NYS Public Health Law mandates that all incoming students born after December 31, 1956, must be immunized against measles, mumps, and rubella. Students need to present proof of immunizations or laboratory results indicating immunity against measles, mumps, and rubella before registering for their classes. Proof of age must be submitted for those born prior to 1957. All students (regardless of age) must complete the meningitis response (Part 1 of the immunization records).

Meningitis vaccination is not mandated; however, completion of the form is required.

### Measles, Mumps, and Rubella Requirements

Public Health Law 2165 requires that students born after December 31, 1956 provide proof of the following immunizations in order to register for classes.

TWO measles vaccines given after 1968; on or after your first birthday; and at least 28 days apart.

ONE mumps vaccine given on or after your first birthday and dated 1968 or later.

ONE rubella vaccine given on or after your first birthday and dated 1969 or later.

or

TWO MMR vaccines given after 1972; on or after your first birthday; and at least 28 days apart.

or

Blood test (MMR titer) showing immunity to measles, mumps, and rubella. Original lab report must be submitted to the Health Service Center.

#### **Records must**

- Clearly indicate the type of vaccine, dates of vaccine, and name and address of the doctor or clinic.
- Be stamped and signed by the doctor or clinic.

# Acceptable proof of immunity may include (Signed and Stamped):

1. Immunization cards from childhood (yellow card), signed and stamped.

- 2. 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.

# **Meningitis Information**

Public Health Law 2167 requires all colleges to provide information on meningitis and the meningitis vaccine. Meningitis is rare. When it strikes, however, its flu-like symptoms make diagnosis difficult. If not treated early, meningitis can lead to swelling of the fluid surmounting the brain and spinal column as well as severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation, and even death. Cases of meningitis among teens and young adults 15 to 24 years of age (the age of most college students) have more than doubled since 1991.

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. Vaccines are available from your primary care physician, or visit the CDC Travel Clinic website (www.istm.org) for a list of clinics that have the meningitis vaccine available. Check with your local health department for vaccine availability.

To learn more about meningitis and the vaccine and other immunizations for college students, please feel free to contact our Student Health Office and/or consult your personal physician. You also can find information on the following websites:

New York State Department of Health: www.health.ny.gov/prevention/immunization Centers for Disease Control and Prevention (CDC): http://www.cdc.gov/vaccines American College Health Association (ACHA): www.acha.org