

IMMUNIZATION RECORD

Immunization records are required prior to registration

Please complete this form and return it to:
Nassau Community College, Student Health Office, One Education Drive, Garden City, NY 11530
or email: healthoffice@ncc.edu or fax: 516-572-9637

Document **must** be legible to be processed. Students are responsible for obtaining an official translation of foreign records prior to submission. ***Students born prior to January 1, 1957 are exempt from the measles, mumps, and rubella requirement.**
All students must complete Part 3 & 4 - Meningococcal Vaccination Response on reverse side.

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

Information to Complete Immunization Requirements

Measles, Mumps, Rubella:

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. 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	month	day	year
	<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			
	Titer (blood test) showing positive immunity (<u>Labs results & reports MUST be attached</u>) <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella	month	day	year
B.	Health care provider information: (<u>Signature and stamp required</u>) Name: _____ Address: _____ Signature: _____ License #: _____ Phone :() _____			

Meningitis Response Form

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 or email: healthoffice@ncc.edu or fax: 516-572-9637

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

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

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. _____

_____/_____/_____
mm dd yyyy

Student/ Parent Signature if student is under 18 years.

*[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/campusservices/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)

TO SUBMIT IMMUNIZATION RECORDS:

Mail: Nassau Community College, Student Health Office, One Education Drive, Garden City, NY 11530
Fax : 516-572-9637
Email: healthoffice@ncc.edu
Questions, please call 516-572-7123

Part 5: For Office of Health Services Staff Use Only

Processed by: _____	rec: _____	ent: _____
Staff Name: _____	Staff Signature: _____	Date: _____