

STUDENT IMMUNIZATION RECORD: MUST BE SUBMITTED PRIOR TO CLASS REGISTRATION

NAME: _____ DOB: _____

This form must be completed in its entirety, complying with the guidelines specified for each disease.
Please ensure that your physician completes the form as written.

ALL INFORMATION MUST BE IN ENGLISH.

*This requirement is in compliance with NYS Public Health Law, Section 2165 MONTH/ DAY/ YEAR

A. *MMR (Measles, Mumps, Rubella) if given instead of individual immunizations (**required**)

1. Dose 1 – Immunized at 12 months after birth or later..... _____/_____/_____
2. Dose 2 – Immunized at least 30 days after 1st dose..... _____/_____/_____

B. *Measles (Rubeola) Check appropriate boxes (**required**)

1. Born before 1957 and therefore considered immune..... YES NO
2. Had the disease. Confirmed by physician record..... _____/_____/_____
3. Has report of titer. Immune _____ Non-immune _____ Specify date of titer _____/_____/_____
4. Dose 1 – Immunized after 1/1/1968 with live measles vaccine
at 12 mo. after birth or later..... _____/_____/_____
5. Dose 2 – Immunized after 1/1/1968 with live measles vaccine
at least 30 days after 1st dose..... _____/_____/_____

C. . Tetanus – Diphtheria immunizations (**required**)

1. Completed primary set of tetanus-diphtheria-pertussis..... _____/_____/_____
2. Received tetanus-diphtheria booster within the last 10 years..... _____/_____/_____

TO BE COMPLETED AND SIGNED BY STUDENT (OR PARENT/GUARDIAN FOR STUDENT UNDER THE AGE OF 18)

* This requirement is in compliance with NYS Public Health Law Section 2167

D. ***MENINGOCOCCAL** (One dose within 5 years) (**required**)

CHECK ONE (1) BOX ONLY

Meningococcal vaccine Name and date of vaccine: _____/_____/_____

I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine.
I have decided (my child) will **not** obtain immunization against meningococcal meningitis disease.

Signed _____ Date _____

Student/Parent (if student is under 18)

STRONGLY RECOMMENDED ADDITIONAL IMMUNIZATIONS

E. Hepatitis B vaccine : Give dates: #1 _____/_____/_____ #2 _____/_____/_____ #3 _____/_____/_____

F. Varicella --- #1 _____/_____/_____ #2 _____/_____/_____ or History of Disease YES NO

HEALTH CARE PROVIDER SIGNATURE REQUIRED:

Health Care Provider's Signature _____ DATE _____

PRINT NAME _____

ADDRESS _____

PHONE# _____ FAX# _____

New York State Department of Health Meningococcal Disease

Last Reviewed: November 2006

What is meningococcal disease?

Meningococcal disease is a severe bacterial infection of the bloodstream or meninges (a thin lining covering the brain and spinal cord) caused by the meningococcus germ.

Who gets meningococcal disease?

Anyone can get meningococcal disease, but it is more common in infants and children. For some adolescents, such as first-year college students living in dormitories, there is an increased risk of meningococcal disease. Every year in the United States approximately 2,500 people are infected and 300 die from the disease. Other persons at increased risk include household contacts of a person known to have had this disease, immunocompromised people, and people traveling to parts of the world where meningococcal meningitis is prevalent.

How is the meningococcus germ spread?

The meningococcus germ is spread by direct close contact with nose or throat discharges of an infected person.

What are the symptoms?

High fever, headache, vomiting, stiff neck and a rash are symptoms of meningococcal disease. The symptoms may appear two to 10 days after exposure, but usually within five days. Among people who develop meningococcal disease, 10 to 15 percent die, in spite of treatment with antibiotics. Of those who live, permanent brain damage, hearing loss, kidney failure, loss of arms or legs, or chronic nervous system problems can occur.

What is the treatment for meningococcal disease?

Antibiotics, such as penicillin G or ceftriaxone, can be used to treat people with meningococcal disease.

Should people who have been in contact with a diagnosed case of meningococcal meningitis be treated?

Only people who have been in close contact (household members, intimate contacts, health care personnel performing mouth-to-mouth resuscitation, daycare center playmates, etc.) need to be considered for preventive treatment. Such people are usually advised to obtain a prescription for a special antibiotic (either rifampin, ciprofloxacin or ceftriaxone) from their physician. Casual contact, as might occur in a regular classroom, office or factory setting, is not usually significant enough to cause concern.

Is there a vaccine to prevent meningococcal meningitis?

In February 2005 the CDC recommended a new vaccine, known as Menactra™, for use to prevent meningococcal disease in people 11 to 55 years of age. The previously licensed version of this vaccine, Menomune™, is available for children two to 10 years old and adults older than 55 years. Both vaccines are 85 to 100 percent effective in preventing the four kinds of the meningococcus germ (types A, C, Y, W-135). These four types cause about 70 percent of the disease in the United States. Because the vaccines do not include type B, which accounts for about one-third of cases in adolescents, they do not prevent all cases of meningococcal disease.

Is the vaccine safe? Are there adverse side effects to the vaccine?

Both vaccines are currently available and both are safe and effective vaccines. However, both vaccines may cause mild and infrequent side effects, such as redness and pain at the injection site lasting up to two days.

Who should get the meningococcal vaccine?

The vaccine is recommended for all adolescents entering middle school (11 to 12 years old) and high school (15 years old), and all first-year college students living in dormitories. However, the vaccine will benefit all teenagers and young adults in the United States. Also at increased risk are people with terminal complement deficiencies or asplenia, some laboratory workers and travelers to endemic areas of the world.

What is the duration of protection from the vaccine?

Menomune™, the older vaccine, requires booster doses every three to five years. Although research is still pending, the new vaccine, Menactra™, will probably not require booster doses.

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

Contact your physician or your student health service. Additional information is also available on the Web sites of the New York State Department of Health, www.nyhealth.gov; the Centers for Disease Control and Prevention www.cdc.gov/ncidod/diseases/index.htm; and the American College Health Association, www.acha.org.

Revised: July 2005