



# Touro College

Office of the Registrar, 27-33 W 23<sup>rd</sup> St, 2nd Fl, New York, NY 10010

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## Student Immunization Record – Graduate School of Business

Both sides of this form are to be completed by all students born on or after January 1, 1957. Parts I and IV are completed by student, Parts II and III are completed by health care provider. Please return form by mail, fax or in person to the location above.

### PART I - STUDENT INFORMATION (To be completed by student)

Name \_\_\_\_\_  
*First Last Middle/Maiden*

Social Security # \_\_\_\_\_ Touro I.D. # \_\_\_\_\_ Prog/Ext \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

#### Mailing Address

Number and Street \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
*DAY EVENING*

Check at least one of the statements below.

- (1) Part II below is complete for each disease. I have no acceptable alternate record or exemptions to submit.
- (2) Alternate records are attached for each disease for which Part II (below) or Part III (reverse) is not complete.
- (3) Part III on reverse is complete for each vaccination for which I claim a medical exemption.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### PART II - VACCINATION RECORD (To be completed by health care provider)

		Measles	Rubella	Mumps	Or Combined MMR
Vaccination Date (Two doses required for measles or MMR)	Dose 1				
	Dose 2				
Disease History (Date of Onset)					
Serology Date and Results (indicate + or -) Include copy of lab report					
Scheduled Date for Dose 2					

**IMPORTANT NOTE ABOUT RE-VACCINATION: MEASLES** - If administered prior to 1968 and not specified as "live" and/or if student was less than 12 months of age for first dose and/or less than 15 months of age for second dose, vaccination must be repeated. Indicate date for follow-up. **MUMPS AND RUBELLA** - If vaccination was given prior to 1969 and/or if patient was less than 12 months of age, vaccination must be repeated.

I certify that the above information is correct. (Must be signed by physician, physician assistant, or nurse practitioner)

NAME/TITLE \_\_\_\_\_

CLINIC \_\_\_\_\_

SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE \_\_\_\_\_

PHONE \_\_\_\_\_

**PART III - MEDICAL EXEMPTION FROM IMMUNIZATION** *(To be completed by health care provider)*

I certify that it is medically contraindicated for the above named person to be vaccinated for the disease(s) indicated below because of the stated medical reasons. (Reason and expiration date - or state if permanent - required for each disease.)

CHECK DISEASE(S) - INDICATE MEDICAL REASON(S) FOR CONTRAINDICATION	VALID THROUGH DATE
<input type="checkbox"/> MEASLES	___/___/___
<input type="checkbox"/> MUMPS	___/___/___
<input type="checkbox"/> RUBELLA	___/___/___

*Must be signed by physician, physician assistant, or nurse practitioner to be acceptable*

NAME/TITLE _____	CLINIC _____
SIGNATURE _____	ADDRESS _____
DATE _____	PHONE _____

**PART IV - MENINGITIS VACCINATION RESPONSE** *(To be completed by student)*

New York State Public Health Law requires that all college and university students enrolled for at least six (6) semester hours or the equivalent per semester, or at least four (4) semester hours per quarter, complete and return the following form to Touro College.

**Check one box and sign below.**

I have:

- had the meningococcal meningitis immunization (Menomune™) within the past 10 years.  
Date received \_\_\_\_\_

[Note: The vaccine's protection lasts for approximately 3 to 5 years. Revaccination may be considered within 3-5 years.]

- read, or have had explained to me, the information regarding meningococcal meningitis disease. I will obtain immunization against meningococcal meningitis **within 30 days** from my private health care provider or when offered through Touro College.
- 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 that I will not obtain immunization against meningococcal meningitis disease.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# **Meningococcal Disease**

## **New York State Department of Health Bureau of Communicable Disease Control**

### **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).

### **Who gets meningococcal disease?**

Anyone can get meningococcal disease, but it is more common in infants and children. For some college students, such as freshmen living in dormitories, there is an increased risk of meningococcal disease. Between 100 and 125 cases of meningococcal disease occur on college campuses every year in the United States; between 5 and 15 college students die each year as result of infection. Currently, no data are available regarding whether children at overnight camps or residential schools are at the same increased risk for disease. However, these children can be in settings similar to college freshmen living in dormitories. Other persons at increased risk include household contacts of a person known to have had this disease, and people traveling to parts of the world where meningitis is prevalent.

### **How is the germ meningococcus spread?**

The meningococcus germ is spread by direct close contact with nose or throat discharges of an infected person. Many people carry this particular germ in their nose and throat without any signs of illness, while others may develop serious symptoms.

### **What are the symptoms?**

High fever, headache, vomiting, stiff neck and a rash are symptoms of meningococcal disease. Among people who develop meningococcal disease, 10-15% 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.

### **How soon do the symptoms appear?**

The symptoms may appear two to 10 days after exposure, but usually within five days.

### **What is the treatment for meningococcal disease?**

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

### **Is there a vaccine to prevent meningococcal meningitis?**

Yes, a safe and effective vaccine is available. The vaccine is 85% to 100% effective in preventing four kinds of bacteria (serogroups A, C, Y, W-135) that cause about 70% of the disease in the United States. The vaccine is safe, with mild and infrequent side effects, such as redness and pain at the injection site lasting up to 2 days. After vaccination, immunity develops within 7 to 10 days and remains effective for approximately 3 to 5 years. As with any vaccine, vaccination against meningitis may not protect 100% of all susceptible individuals.

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

Contact your family physician or your student health service. Additional information is also available on the websites of the New York State Department of Health, [www.health.state.ny.us](http://www.health.state.ny.us); the Centers for Disease Control and Prevention [www.cdc.gov/ncid/dbmd/diseaseinfo](http://www.cdc.gov/ncid/dbmd/diseaseinfo); and the American College Health Association, [www.acha.org](http://www.acha.org).