



TOURO COLLEGE
Office of the Registrar
Student Immunization Record

This form is to be completed by all students born on or after January 1, 1957

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 <small>(Two doses required for measles or MMR)</small>	Dose 1				
	Dose 2				
Disease History (Date of Onset)					
Serology Date and Results <small>(Indicate + or -)</small>					
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, nurse or school official.)

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

MEASLES _____ / ____ / ____

MUMPS _____ / ____ / ____

RUBELLA _____ / ____ / ____

Must be signed by physician or nurse practitioner to be acceptable

NAME/TITLE _____ CLINIC _____

SIGNATURE _____ ADDRESS _____

DATE _____ PHONE _____

RETURN BY MAIL OR IN PERSON TO THE OFFICE OF THE REGISTRAR AS INDICATED BELOW:

IF YOU ARE ENROLLED IN:	RETURN THE COMPLETED FORM TO:
NYSCAS - SCHOOL OF GENERAL STUDIES - ALL SITES	MAIN CAMPUS 27-33 WEST 23RD STREET NEW YORK, NY 10010
LAS MANHATTAN WOMEN'S PROGRAM	
SCHOOL OF HEALTH SCIENCES - MANHATTAN	
GRADUATE SCHOOL OF EDUCATION & PSYCHOLOGY	
MASTERS IN INTERNATIONAL BUSINESS FINANCE	
MASTERS IN JUDAIC STUDIES	
LAS FLATBUSH MEN'S OR WOMEN'S PROGRAM	TOURO BROOKLYN CENTER 1602 AVENUE J BROOKLYN, NY 11230
LANDER COLLEGE FOR MEN - KEW GARDEN HILLS	
NYSCAS - AVENUE J	
SCHOOL FOR LIFELONG EDUCATION	
MACHON L'PARNASSAH: INSTITUTE FOR PROFESSIONAL STUDIES	
NYSCAS - BENSONHURST or BOROUGH PARK	1870 STILLWELL AVENUE BROOKLYN, NY 11223
NYSCAS - BRIGHTON or STARRETT CITY	532 NEPTUNE AVENUE BROOKLYN, NY 11224
NYSCAS - TOURO COMPUTER CENTER	1726 KINGS HIGHWAY BROOKLYN, NY 11229
SCHOOL OF HEALTH SCIENCES - BAY SHORE	1700 UNION BLVD BAY SHORE, NY 11706
JACOB D. FUCHSBERG LAW CENTER	300 NASSAU ROAD HUNTINGTON, NY 11743

FOR OFFICE USE ONLY

Received by: _____ Date: _____ Entered by: _____ Date: _____ IMMUNIZ1.FRM 7/03esms

MENINGOCOCCAL MENINGITIS VACCINATION
RESPONSE FORM

(Please see information included with this sheet.)

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 the Touro College Registrar's Office.**

Check one box and sign below.

I have:

- had the meningococcal meningitis immunization (Menomune™) within the past 10 years.
Date received: _____
- 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.
- 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.
- registered for under six (6) semester hours.

Signed _____

Date _____

Print Name _____

Date of Birth _____

E-mail address _____

Soc. Sec. # _____

Mailing address _____

Phone # _____

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; the Centers for Disease Control and Prevention www.cdc.gov/ncid/dbmd/diseaseinfo; and the American College Health Association, www.acha.org.