

OFFICE USE ONLY  
COMPLETE: \_\_\_\_\_  
DATE: \_\_\_\_\_

## FULTON-MONTGOMERY COMMUNITY COLLEGE IMMUNIZATION RECORD FORM

### **PART I: MENINGOCOCCAL MENINGITIS**

REQUIRED OF ALL STUDENTS ENROLLING FOR 6 OR MORE CREDITS— For all students regardless of age, NYS Public Health Law 2167 mandates that you read and sign Part I.

Please Print:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo day year

Meningitis disease is a severe bacterial infection of the bloodstream or meninges (a thin layer covering the brain and spinal cord). It is a relatively rare disease and usually occurs as a single isolated event. Clusters of cases or outbreaks are rare in the United States. It is transmitted through air via droplets of respiratory secretions and direct contact with an infected person. Direct contact, for these purposes, is defined as oral contact with shared items such as cigarettes or drinking glasses or through intimate contact such as kissing. Although anyone can come into contact with the bacteria that causes meningococcal disease, data also indicates certain social behaviors, such as exposure to passive and active smoking, bar patronage, and excessive alcohol consumption, may put students at increased risk for the disease. Patients with respiratory infections, compromised immunity, those in close contact to a known case, and travelers to endemic areas of the world are also at increased risk.

The early symptoms usually associated with meningococcal disease include fever, severe headache, stiff neck, rash, nausea, vomiting, and lethargy, and may resemble the flu. Because the disease progresses rapidly, often in as little as 12 hours, students are urged to seek medical care immediately if they experience two or more of these symptoms concurrently. The disease is occasionally fatal. The symptoms may appear 2 to 10 days after exposure, but usually within 5 days. Antibiotics can be used to treat people with meningococcal disease. Only people who have been in close contact (household members, intimate contacts, health care personnel performing mouth to mouth resuscitation, day care center playmates, etc.) need to be considered for preventative treatment. Such people are usually advised to obtain a prescription for a special antibiotic from their physician. Casual contact as might occur in a regular classroom, office or factory setting is not usually significant enough to cause concern.

Presently, there is a vaccine that will protect against some strains of meningococcus. It is recommended in outbreak situations, and for those traveling to areas of the world where high rates of the disease are known to occur.

The meningococcal vaccine has been shown to provide protection against the most common strains of the disease, including serogroups A, C, Y and W-135. The vaccine has shown to be 85 to 100 percent effective in serogroups A and C in older children and adults. The vaccine is very safe and adverse reactions are mild and infrequent, consisting of redness and pain at the site of injection lasting up to 2 days. If you wish to receive the meningococcal vaccine, contact your health care provider. The cost of the vaccine varies but is usually around \$85. Montgomery County Public Health provides the vaccine. Fulton County residents under the age of 19 may qualify for the vaccine at a reduced fee through Fulton County Public Health.

### **PART I: MENINGOCOCCAL MENINGITIS RESPONSE**

To be completed and signed by student or parent/guardian for students under age 18.

CHECK ONE (1) BOX ONLY

I (my child) had the meningococcal meningitis immunization (Menomune/Menactra™) within the last 10 years.

Date Received: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo day year

I have read the information regarding meningococcal meningitis disease and I understand the risk of not receiving the vaccine. I will not obtain immunization against meningococcal meningitis disease at this time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
STUDENT SIGNATURE Mo Day Year  
Parent signature if student is under 18 years of age.

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**Fulton-Montgomery Community College**  
**PART II: PROOF OF MEASLES, MUMPS & RUBELLA**  
*(must be completed and signed by a health care provider/nurse)*

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

**FOR ALL STUDENTS BORN ON OR AFTER JANUARY 1, 1957, New York State Public Health Law 2165 requires students who are registered for 6 credits or more and attending a NYS college must provide documentation, by a health practitioner, of immunity against rubeola (measles), mumps, and rubella (German measles). All vaccines must have been given exactly after 12 months of age to be acceptable. Students who have not complied within 30 days will be WITHDRAWN without refund from all classes.**

The following resources may be used to obtain documents containing evidence of immunity:

1. Health records/immunization records from prior schools.
2. Records located at your doctor's office or
3. Baby records book or clinic record card, if signed by a health practitioner.
4. You can also be immunized by your doctor, health care provider or a local health department.  
 Montgomery County Public Health 518-853-3531  
 Fulton County Public Health 518-736-5720

- ◆ **MEASLES:** Two doses of measles vaccine, the first after exactly 12 months of age and the second on or after fifteen months of age, or physician documented history of disease, or serologic evidence of immunity (titer).  
 NOTE: Both immunizations must be given after 1967.
- ◆ **RUBELLA:** One dose of rubella vaccine on or after 12 months of age, or serologic evidence of immunity (titer).
- ◆ **MUMPS:** One dose of mumps vaccine on or after 12 months of age or physician documented history of disease (exact date), or serologic evidence of immunity (titer).

<b>MMR:</b> (Measles, Mumps, & Rubella combined vaccine):	Two doses required:
DOSE 1: (given on or after first birthday) _____ / _____ / _____ mo      day      yr	DOSE 2: (given at least 28 days after dose 1) _____ / _____ / _____ mo      day      yr

OR if Measles, Mumps & Rubella are given as individual vaccines:

<b>MEASLES:</b> (complete only one line)  Date of positive titer _____ or Date of disease _____ or Date of 1st dose _____	<b>MUMPS:</b> (complete only one line)  Date of positive titer _____ or Date of Disease _____ or Date of immunization _____
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**RUBELLA:** (complete only one line):  
 Date of positive titer: \_\_\_\_\_ Date of immunization: \_\_\_\_\_

**FORM MUST BE SIGNED BY THE HEALTH CARE PROVIDER/NURSE TO BE OFFICIAL**

\_\_\_\_\_  
 NAME OF HEALTH FACILITY

\_\_\_\_\_  
 SIGNATURE OF HEALTH PRACTITIONER

\_\_\_\_\_  
 ADDRESS

\_\_\_\_\_  
 DATE

MEDICAL FACILITY STAMP