

# ***FM IMMUNIZATION REQUIREMENTS***

ALL FORMS ARE AVAILABLE AT THE REGISTRAR'S OFFICE

**N.Y.S. Law 2167** REQUIRES that we make you aware of the Meningococcal Meningitis forms to be completed prior to classes beginning. It is **NOT** mandatory at this institution that each student received this immunization. We do, however, require you complete the Meningococcal form.

**N.Y.S. Law 2165** REQUIRES students attending college, with six or more credits, provide documentation of immunization against MEASLES (rubeola), RUBELLA, and MUMPS.



## **EXEMPTIONS:**

- 1.) Documentation you were born before January 1, 1957 (i.e. drivers license)
- 2.) Physician's documentation that immunization would pose a specific health hazard (i.e.: pregnancy)
- 3.) Specific documentation that immunizations are in contradiction with sincere and genuine beliefs of your religion.

**PROOF OF IMMUNIZATION, or EXEMPTION, MUST BE SUMMITTED PRIOR TO CLASSES BEGINNING.**

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***ALL SHOTS MUST HAVE BEEN ADMINISTERED AFTER 1967***

*(unfortunately, prior to 1967 a dead virus was used and therefore was not effective)*

**MEASLES:** TWO doses; The first being administered on or AFTER exactly 12 (Rubeola) months of age; The second must be no sooner than 28 days after the first, OR serologic evidence of immunity.

**RUBELLA:** ONE dose being administered on or after 12 months of age; or serologic evidence of immunity.

**MUMPS:** ONE dose being administered on or after 12 months of age; or serologic evidence of immunity.





Fulton-Montgomery  
Community College

Registrar's Office

(518) 736-3622 (FMCC)  
Ext. 8701, 8702, 8700  
Fax. (518) 762-4334  
Scott Collins, Registrar

## STUDENT IMMUNIZATION REQUIREMENTS

Welcome to FM! This packet explains New York State immunization requirements for college students and contains forms that most students need to complete. Please examine this information carefully.

### 1. MENINGITIS - Your signature is required on Part 1 of the attached form:

Colleges must, according to NYS Public Health Law 2167, notify ALL students registered for six or more credits of the risks of the disease meningococcal meningitis. This packet contains literature about meningitis, its symptoms, risks, and vaccination options. Although a vaccine is not mandatory, all student who are enrolled at least half-time (six credits) must sign Part I: Meningococcal Meningitis Response acknowledging that you have obtained a shot or have chosen not to be immunized. Since this law is primarily to educate students, there are no exemptions based on age, medical status or religious beliefs. Everyone enrolled in six or more credits must sign the Meningitis Response form. Students under age 18 must have a parent or guardian sign the response form.

### 2. MEASLES/MUMPS/RUBELLA - Proof of immunity must be submitted:

NYS Public Health Law 2165 requires students born on or after January 1, 1957, and who are registered for six or more credits to provide documentation of immunity against Rubeola (Measles), Mumps, and Rubella (German Measles). Health records/immunization typically be obtained from your high school, your doctor's office, baby record book, or immunization clinic record card. All records must be signed by a health practitioner in order to be considered official. The attached form *Part II: Proof of Measles, Mumps & Rubella* explains the specific requirements of the law including acceptable proof of immunity. If your doctor or school nurse uses his or her own immunization form, please include your social security number and current name (if records are under a different name) on the form. Your date of birth should be readable as well.

**Please submit the appropriate immunization forms to the FM Registrar's Office prior to the start of classes.**

In person: Bring to the Registrar's Office - Administration Building (A109)

By Mail: Fulton-Montgomery Community College

Attention: Registrar's Office

2805 State Hwy 67

Johnstown, NY 12095

By Fax: (518) 762 - 4334

**Please call the FM Registrar's Office at (518) 736-3622, extension 8701, 8702, or 8700 if you have any questions. Thank You.**

Publ: Immunization Requirements

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

OFFICE USE ONLY
PARTIAL
COMPLETE

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**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).

**MMR:** (Measles, Mumps, & Rubella combined vaccine): Two doses required:

DOSE 1: (given on or after first birthday)										
<table> <tr> <td>_____</td> <td>/</td> <td>_____</td> <td>/</td> <td>_____</td> </tr> <tr> <td align="center">mo</td> <td></td> <td align="center">day</td> <td></td> <td align="center">yr</td> </tr> </table>	_____	/	_____	/	_____	mo		day		yr
_____	/	_____	/	_____						
mo		day		yr						

DOSE 2: (given at least 28 days after dose 1)										
<table> <tr> <td>_____</td> <td>/</td> <td>_____</td> <td>/</td> <td>_____</td> </tr> <tr> <td align="center">mo</td> <td></td> <td align="center">day</td> <td></td> <td align="center">yr</td> </tr> </table>	_____	/	_____	/	_____	mo		day		yr
_____	/	_____	/	_____						
mo		day		yr						

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

**MEASLES:** (complete only one line)

**MUMPS:** (complete only one line)

Date of positive titer \_\_\_\_\_  
 or  
 Date of disease \_\_\_\_\_  
 or  
 Date of 1st dose \_\_\_\_\_

Date of positive titer \_\_\_\_\_  
 or  
 Date of Disease \_\_\_\_\_  
 or  
 Date of immunization \_\_\_\_\_

**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       
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OFFICE USE ONLY COMPLETE: _____ DATE: _____
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# 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 or: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Power Campus Number 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.