

NY STATE IMMUNIZATION REGULATIONS

MEASLES -TWO doses of live measles vaccine (1st given no more than 4 days prior to 1st birthday & 2nd at least 28 days after 1st dose), physician-documented history of disease, or serological evidence of immunity (a blood test showing immunity)

MUMPS - One dose of live mumps vaccine (given no more than 4 days prior to 1st birthday), physician-documented history of disease, or serological evidence of immunity (a blood test showing immunity)

RUBELLA (German Measles) - One dose of live rubella vaccine (given no more than 4 days prior to 1st birthday) or serological evidence of immunity (a blood test showing immunity)

- The Measles, Mumps, Rubella (MMR) vaccine is recommended for all measles doses to provide increased protection against all three diseases.
- If you already had the required vaccinations then you need only get the dates of those shots recorded on the enclosed form and have that signed by your health care provider. An immunization record card, or previous school records, may also serve as proof.
- If you have already had the required vaccinations, but cannot obtain the necessary records, you must have a blood test done to prove your immunity or be re-immunized.
- If you have actually had measles or mumps you need to have your health care provider document when these diseases were contracted and sign the enclosed form.
- If you are physically unable because of a medical condition to receive the vaccinations you must have your health care provider document that and sign the enclosed form.

MENINGOCOCCAL DISEASE

What is meningococcal disease?

Meningococcal disease is a severe bacterial infection of the bloodstream or meninges (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 US; between 5 and 15 college students die each year as a result of infection. 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 2 to 10 days after exposure, but usually within 5 days.

What is the treatment for meningococcal disease?

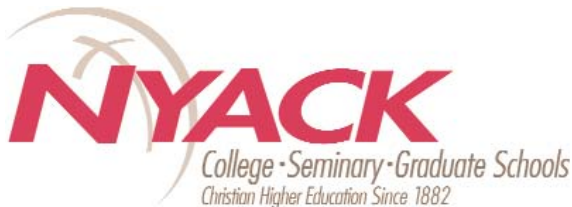
Antibiotics, such as penicillin G or ceftriaxone, can be used to treat people with meningococcal disease.

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 US. 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 NYS 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.



STUDENT IMMUNIZATIONS

Nyack College Graduate Programs
1 South Blvd.
Nyack, NY 10960

Phone:
800.541.6891

Please fax the completed form to:
845-358-3047

SECTION I. To be completed by STUDENT (or parent/guardian if under age 18)

Last Name:(print) _____ First Name: _____ MI: _____
 Phone (cell): _____ Phone (other): _____
 Date of Birth: _____ SSN or Student ID#: _____

PROGRAM

- Alliance Theological Seminary
- Alliance Graduate School of Counseling
- Non-Degree
- Master of Science Education

CAMPUS

- Nyack, NY Campus
- New York City Campus

MENINGOCOCCAL MENINGITIS VACCINATION

NYS Public Health Law Section 2167 requires post-secondary students taking 6 credits or more (regardless of age) to complete & return the following form to their respective school. Select ONE of the following:

- I had the meningococcal meningitis immunization within the past 10 years. Date received: ____/____/____
- I have read the information (see reverse side) regarding meningococcal meningitis disease. I will obtain the immunization within 28 days from my private health care provider (cost will average \$75).
- I have read the information (see reverse side) 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.

Signature _____ Date: _____

SECTION II. To be completed by HEALTH CARE PROVIDER (or you may submit previous health / school records)

NYS Public Health Law Section 2165 requires post-secondary students taking 6 credits or more to show protection against measles, mumps, and rubella. Students born prior to January 1, 1957 are exempt.

A. M.M.R. - Measles, Mumps, Rubella (If given instead of individual immunizations.)

- Dose 1 - Immunized at 12 months after birth or later. _____/_____/_____
- Dose 2 - Immunized at least 30 day after first immunization. _____/_____/_____

B1. MEASLES (Rubeola) - Check appropriate box.

- 2 doses: Immunized at 12 months of age or later, and _____/_____/_____
- Immunized at least 30 days after the first vaccination _____/_____/_____
- Has report of immune titer. Specify date of titer. _____/_____/_____
- Had disease; confirmed by office records. _____/_____/_____

B2. MUMPS - Check appropriate box.

- Immunized at 12 months of age or later. _____/_____/_____
- Has report of immune titer. Specify date of titer. _____/_____/_____
- Had disease; confirmed by office records. _____/_____/_____

B3. RUBELLA (German Measles) - Check appropriate box.

- Immunized at 12 months of age or later. _____/_____/_____
- Has report of immune titer. Specify date of titer. _____/_____/_____
- Had disease; confirmed by office records.

Physician name: _____ Physician signature &
 Address: _____ STAMP required: _____
 City: _____ State: _____ Zip: _____
 Phone: _____
 Date: _____