

Wellness Center { } Russell Sage College
 45 Ferry Street { } Sage Graduate School
 Troy, NY 12180 { } FT { } PT
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Wellness Center { } Sage College
 140 New Scotland Ave of Albany
 Albany, NY 12208 { } FT { } PT
 Phone: (518) 292-1917
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STUDENT IMMUNIZATION FORM

Date: _____
 Name: _____ SSN# _____
 Home Address: _____ Date of Birth _____
 _____ Phone Number: _____

New York State Public Health Law 2165 requires post-secondary students to show immunity to **Measles, Mumps, and Rubella before registering for classes**. Persons born prior to January 1, 1957 or taking less than six credits in a semester are exempt from this requirement. Certain medical and religious factors may also qualify for the exemption.

Required Immunizations (include exact month, day, and year for all immunizations)

	Disease	Vaccine Date(s)	Date of Titer
Measles (Rubeola) (2 required) Must be after 1968 and on, or after the first birthday			
Rubella Must be after 1969 and on, or after the first birthday			
Mumps Must be after 1969 and on, or after the first birthday			
Or Combined as MMR Must be after 1972			

Strongly Recommended Immunizations

Mantoux (PPD) Date placed & Initials _____ Date read _____ Results neg pos MM _____ Initials _____ Tetanus Booster (w/in last 10 years) _____
 Hepatitis B Series Date: ___/___/___ Date: ___/___/___ Date: ___/___/___
 Varicella (chicken pox)-History of Disease YES NO Varicella Titer ___/___/___ Immune Non-immune
 Immunization Dose#1 Date: ___/___/___ Dose#2 given at least one month after 1st dose if age 13 or older. Date: ___/___/___
 Meningococcal Meningitis A,C,Y,W-135 (Menomune™) Date given: ___/___/___

To be completed and signed by student (or parent/guardian for student under the age of 18)

Meningococcal Meningitis Vaccine (check appropriate box)

I have (my child has) received the meningitis vaccine (Menomune™) within the past 5 years. Date: ___/___/___

I have (my child has) read the information regarding meningococcal meningitis disease. I (my child) will obtain immunization against meningococcal meningitis from my private health care provider.

I have (my child has) read the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that I (my child) will **not** obtain immunization against meningococcal meningitis disease.

Signed: _____ Date: _____
 Student/Parent(if student is under 18)

PLEASE REFER TO INFORMATION ON REVERSE SIDE OF THIS FORM AND SIGN BEFORE RETURNING.

Health Care Provider Signature Required

Name _____ Address _____

Signature _____ Date _____ Phone (____) _____
 Fax# _____

What you should know about Meningococcal Meningitis

What is Meningococcal Meningitis?

Meningococcal disease is a severe bacterial infection of the bloodstream or meninges (a thin lining covering the brain and spinal cord). It is a relatively rare disease and usually occurs as a single isolated event. Clusters or outbreaks are rare in the United States.

How is the germ Meningococcus spread?

Meningococcal disease is transmitted through the air via droplets of respiratory secretions and direct contact with the infected person. Direct contact, for these purposes is defined as oral contact with shared items such as drinking glasses or through intimate contact such as kissing. Although anyone can come in contact with the bacteria that causes meningococcal disease, data also indicate 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, for those in close contact with a known case, and travelers to endemic areas of the world also are at risk.

What are the symptoms?

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.

How soon do the symptoms appear?

The symptoms may appear two 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.

Should people who have been in contact with a diagnosed case of meningococcal meningitis be treated?

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 (either rifampin, ciprofloxacin or ceftriaxone) from their physician. Casual contact, as might occur in a regular classroom, office or factory setting, is not usually significant enough to cause concern.

Is there a vaccine to prevent Meningococcal Meningitis?

Presently, there is a vaccine that will protect against some of the 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. For some college students, such as freshman living in dormitories, there is a moderately increased risk of meningococcal disease; students and parents should be educated about meningococcal disease and the availability of a safe and effective vaccine.

How effective is the vaccine?

The meningococcal vaccine has been shown to provide protection against some of the strains of the disease, including serogroups A, C, and W-135. The vaccine has shown to be 85 to 100 percent effective in serogroups A and C in older children and adults.

Is the vaccine safe? Are there adverse side effects to the vaccine?

The vaccine is very safe and adverse reactions are mild and infrequent, consisting primarily of redness and pain at the site of injection lasting up to two days.

What is the duration of protection?

The duration of the meningococcal vaccine's efficacy is approximately three to five years.

Meningococcal Meningitis Form

The Sage Colleges, 45 Ferry St. Troy, NY 12180 244-2261 fax: (518) 244-2262

If you have previously submitted this form to The Sage Colleges it is not necessary for you to complete it again.

Last Name First MI DOB Curriculum SS#

Information about meningitis and the meningitis vaccine has been provided with this form.

New York State public health law requires that all students taking 6 or more credit hours complete and return this form to the college. **This law does not require students to have the immunization.**

Please note: Students wishing to receive immunizations are referred to their primary care physician or their local health department.

Please indicate the appropriate section with a check mark and sign below:

I have (for students under the age of 18:My child has) received the meningococcal immunization within the past 5 years.

Date immunization was given: ___/___/___.

I have (for students under the age of 18:My child has) received and reviewed the meningitis information provided and understand(s) the risks of meningococcal meningitis and the benefits of immunization and have decided that I (my child) **will obtain immunization** against meningococcal meningitis.

I have (for students under the age of 18:My child has) received and reviewed the meningitis information provided and understand(s) the risks of meningococcal meningitis and the benefits of immunization and have decided that I (my child) **will NOT obtain immunization** against meningococcal meningitis.

Signature

Date

Please return or fax form to: The Sage Colleges Wellness Center, 45 Ferry Street, Troy, NY 12180 fax# (518) 244-2262