MMR/MENINGITIS FORM

Section 1: Student Information

Student ID: _ _ _ _ _ _ _ _ _

Name: _____
Last First

Address: _____
Street City State ZIP

Phone: ( )_____ Phone: ( )_____

Email: _____ Date of Birth: _____/_____/_____

Major: _____ Starting Semester: _____

Measles, Mumps, and Rubella Requirements

New York State Public Health Law (NYS PHL) §2165 mandates that all incoming students born on or after Jan. 1, 1957, must be immunized against measles, mumps, and rubella. Students need to present proof of immunization or laboratory results indicating immunity against measles, mumps, and rubella before registering for their classes. Proof of age must be submitted for those born prior to 1957.

TWO measles vaccines given after 1968; on or after your first birthday; and at least 28 days apart.
ONE mumps vaccine given on or after your first birthday and dated 1969 or later.
ONE rubella vaccine given on or after your first birthday and dated 1969 or later.
Or
TWO MMR vaccines given after 1972; on or after your first birthday; and at least 28 days apart.
Or
Blood test (MMR titer) showing immunity to measles, mumps, and rubella. Original lab report must be submitted to the Medical Service Office.
Or
Proof of disease for measles/mumps with complete date (month/day/year) confirmed by a licensed health care provider.

Acceptable proof of immunity may include:

1. Immunization cards from childhood.
2. Immunization records from college, high school, or other schools you attended.
3. Immunization records from your health care provider or clinic.

Section 2: Immunization History – For all students born on or after Jan.1, 1957. **May be completed by health care provider.**
Instructions to the health care provider: All dates must include month/day/year. Please mark an "x" in the appropriate boxes.

A.	**MMR** (measles, mumps, rubella) – if given as a combined dose instead of individual immunizations		
		❏ Dose 1 – immunized after 1 year of age and after 1972	_____/_____/_____
		❏ Dose 2 – Immunized at least 28 days after first MMR and after 1972	_____/_____/_____
	OR	❏ Measles Dose 1 Immunized on or after Jan.1, 1968 or after first birthday	_____/_____/_____
		AND	
		❏ Measles Dose 2 Immunized at least 28 days after the first dose	_____/_____/_____
		❏ Mumps Immunized with live vaccine after 1 year of age and after 1969	_____/_____/_____
		❏ Rubella Immunized with vaccine on or after 1 year of age	_____/_____/_____
	OR	❏ Measles Disease (must be confirmed by a licensed health care provider)	_____/_____/_____
		❏ Mumps Disease (must be confirmed by a licensed health care provider)	_____/_____/_____
	OR	Titre (blood test) showing positive immunity for: Actual Lab results MUST be attached	
		Date:_____ ❏ Measles Date:_____ ❏ Rubella Date:_____ ❏ Mumps	

Section 3: Provider Information

THIS FORM WILL NOT BE ACCEPTED IF THIS SECTION IS NOT COMPLETED IN ITS ENTIRETY

Provider Name:_____

Provider Signature:_____

License #:_____ State of License:_____

Provider Phone:(_____)_____

Provider Stamp Required:

Meningococcal Meningitis Vaccination Requirements:

On July 22, 2003, Governor Pataki signed New York State Public Health Law (NYS PHL) §2167 requiring institutions, including colleges and universities, to distribute information about meningococcal disease and vaccination to all students meeting the enrollment criteria, whether they live on or off campus. This law is effective as of Aug. 15, 2003.

Colleges in New York are required to maintain a record of the following for each student:

1 A response to receipt of meningococcal disease and vaccine information signed by the student or student's parent or guardian. This must include information on the availability and cost of meningococcal meningitis vaccine;

AND EITHER

- A record of meningococcal meningitis quadrivalent immunization within the past 10 years; OR
- An acknowledgement of meningococcal disease risks and refusal of meningococcal meningitis immunization signed by the student or minor student's parent or guardian.

Meningococcal Meningitis Disease Risk:

Meningitis is rare. However, when it strikes, its flu-like symptoms make diagnosis difficult. If not treated early, meningitis can lead to swelling of the fluid surrounding the brain and spinal column as well as severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation, and even death.

Cases of meningitis among teens and young adults 15 to 24 years of age (the age of most college students) have more than doubled since 1991. The disease strikes about 3,000 Americans each year and claims about 300 lives. Between 100 and 125 meningitis cases occur on college campuses and as many as 15 students will die from the disease.

In February 2005, the CDC recommended a new vaccine, known as Menactra™ for use to prevent meningococcal disease in people 11-55 years of age. The previously licensed version of this vaccine, Menomune™ is still available for this age group, as well as for children 2-10 years old and adults older than 55 years. Both vaccines are 90% effective in preventing the four kinds of the meningococcus germ (types A, C, Y, W-135) which cause about 70% of the disease in the United States.

Meningitis vaccine is available FREE if 18 years of age and under at UHMS LIU Brooklyn. It should also be available via your private health care provider. Cost varies along with coverage and ranges from $80-150. We recommend this vaccine for all students residing on campus.

You can also find information about the disease at the New York State Department of Health Website: http://www.health.state.ny.us/ or the American College Health Association (ACHA) Website: WWW.ACHA.ORG

Section 4: Meningococcal Meningitis Vaccination Response:

I have read and/or had explained to me the information above regarding meningococcal meningitis disease and I understand the risks of not receiving the vaccine. I was also given information on how to obtain a copy of the DOHHS/CDC Vaccine Information Statement dated 10/14/11. My signature below confirms the following:

❏ I received the vaccine meningococcal meningitis immunization (Please circle one: Menomune-MPSV4-/Menactra/Menveo-MCV4) within the past 10 years as confirmed by my provider on _____/_____/____

[If you (your child) received the meningococcal vaccine available before February 2005 called Menomune, please note this vaccine's protection lasts for approximately 3 to 5 years. Revaccination with the new conjugate vaccine, Menactra/Menveo should be considered.]

❏ I will not receive the vaccine

Provider Stamp Required:

Student _____ ___/___/___ Parent/Guardian _____ ___/___/___

Signature Date Signature (if student is a minor) Date

DUE DATES: Fall Entry Term – Aug. 1 Spring Entry Term – Dec. 1 Summer Entry Term – April 1

RETURN THIS FORM TO:

LIU Brentwood	LIU Brentwood - Michael J. Grant Campus, 1001 Crooked Hill Road, Brentwood, NY 11717 l Fax: 631-287-8575
LIU Brooklyn	University Health & Medical Services, 175 Willoughby Street, Brooklyn, NY 11201 l Office: 718-246-2450
LIU Hudson/Rockland	LIU Hudson @ Rockland, 70 Route 340, Orangeburg, NY 10962 l Attn: Peg Murphy
LIU Hudson/Westchester	LIU Hudson @ Westchester, 735 Anderson Hill Road, Purchase, NY 10577 l Attn: Admissions Department
LIU Post	Medical Services, LIU Post, 720 Northern Blvd., Brookville, NY 11548-1300 l Fax: 516-299-4113
LIU Riverhead	LIU Riverhead - 121 Speonk-Riverhead Road, LIU Bldg., Riverhead, NY 11901 l Fax: 631-287-8253

EXEMPTIONS:

If you are requesting an exemption, you must provide the requested proof – approval is not automatic.

- MEDICAL EXEMPTIONS – (Temporary or Permanent) Requires a formal letter from your doctor detailing condition(s) and duration of the exemption
- RELIGIOUS – Students with prior deeply held religious aversions may request a waiver by submitting a detailed request.